Paul Shulwitz

Access DB# 109189

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: Rebecca Cook Examiner #: 69824 Date: 11/26/03

Art Unit: 1614 Phone Number 30~~6~~ 308-4724 Serial Number: 09/865,175

Mail Box and Bldg/Room Location: CM1 2D01 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

****

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: _____

Inventors (please provide full names): Thomas Tobin

Earliest Priority Filing Date: 5/24/01

For Sequence Searches Only Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

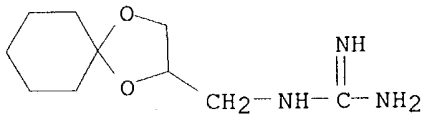
Please provide structure of each compound of claim 496 search each to provide sedation, anesthesia, chemical restraint in any animal.

Thanks
Rebecca

STAFF USE ONLY	Type of Search	Vendors and cost where applicable
Searcher: _____	NA Sequence (#)_____	STN 591.92
Searcher Phone #: _____	AA Sequence (#)_____	Dialog _____
Searcher Location: _____	Structure (#) _____	Questel/Orbit _____
Date Searcher Picked Up: _____	Bibliographic _____	Dr. Link _____
Date Completed: _____	Litigation _____	Lexis/Nexis _____
Searcher Prep & Review Time: _____	Fulltext _____	Sequence Systems _____
Clerical Prep Time: 40	Patent Family _____	WWW/Internet _____
Online Time: _____	Other _____	Other (specify) _____

PTO-1590 (8-01) 139

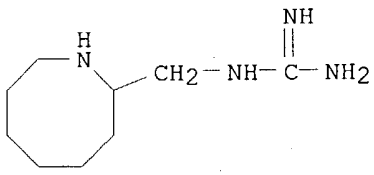
L12 ANSWER 1 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 40580-59-4 REGISTRY
CN Guanidine, (1,4-dioxaspiro[4.5]dec-2-ylmethyl)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,4-Dioxaspiro[4.5]decane, guanidine deriv.
OTHER NAMES:
CN **Guanadrel**
CN N-(1,4-Dioxaspiro[4.5]dec-2-ylmethyl)guanidine
FS 3D CONCORD
MF C10 H19 N3 O2
CI COM
LC STN Files: ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, CA, CANCERLIT, CAPLUS, CASREACT, DDFU, DRUGPAT, DRUGU, EMBASE, HSDB*, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

26 REFERENCES IN FILE CA (1907 TO DATE)
26 REFERENCES IN FILE CAPLUS (1907 TO DATE)

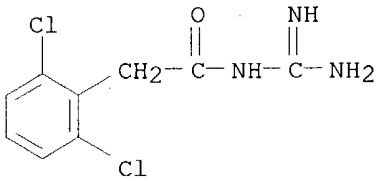
L12 ANSWER 2 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 32059-15-7 REGISTRY
CN Guanidine, [(octahydro-2-azocinyl)methyl]- (8CI, 9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Azocine, guanidine deriv.
OTHER NAMES:
CN .alpha.-Guanidinomethylheptamethylenimine
CN **Guanazodine**
FS 3D CONCORD
MF C9 H20 N4
CI COM
LC STN Files: BEILSTEIN*, BIOSIS, CA, CAPLUS, DDFU, DRUGU, EMBASE, MEDLINE, PHAR, PROMT, RTECS*, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

19 REFERENCES IN FILE CA (1907 TO DATE)
19 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L12 ANSWER 3 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 29110-47-2 REGISTRY
CN Benzeneacetamide, N-(aminoiminomethyl)-2,6-dichloro- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Acetamide, N-amidino-2-(2,6-dichlorophenyl)- (8CI)
OTHER NAMES:
CN Guanfacin
CN **Guanfacine**
CN Guanfascine
CN Guarfacine
CN N-Amidino-2-(2,6-dichlorophenyl)acetamide
CN [(2,6-Dichlorophenyl)acetyl]guanidine
FS 3D CONCORD
MF C9 H9 Cl2 N3 O
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CHEMLIST, CIN, DDFU, DIOGENES, DRUGPAT, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)

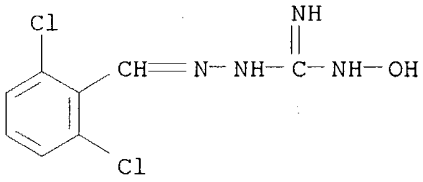


PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

386 REFERENCES IN FILE CA (1907 TO DATE)
7 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
386 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L12 ANSWER 4 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 24047-25-4 REGISTRY
CN Hydrazinecarboximidamide, 2-[(2,6-dichlorophenyl)methylene]-N-hydroxy- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, 1-[(2,6-dichlorobenzylidene)amino]-3-hydroxy- (8CI)
OTHER NAMES:
CN 1-(2,6-Dichlorobenzylideneamino)-3-hydroxyguanidine
CN **Guanoxabenz**
CN Hydroxyguanabenz
FS 3D CONCORD

MF C8 H8 Cl2 N4 O
CI COM
LC STN Files: ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, DDFU, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, MEDLINE, MRCK*, PHAR, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)



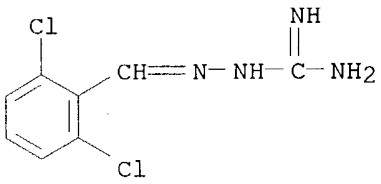
PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

29 REFERENCES IN FILE CA (1907 TO DATE)
29 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L12 ANSWER 5 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 23256-50-0 REGISTRY
CN Hydrazinecarboximidamide, 2-[(2,6-dichlorophenyl)methylene]-, monoacetate (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, [(2,6-dichlorobenzylidene)amino]-, monoacetate (8CI)
OTHER NAMES:
CN 1-(2,6-Dichlorobenzylideneamino)guanidine acetate
CN BR 750
CN **Guanabenz acetate**
CN Guanabenz monoacetate
CN Rexitene
CN Tenelid
CN Wy 8678 acetate
CN Wytensin
CN [(2,6-Dichlorobenzylidene)amino]guanidine acetate
MF C8 H8 Cl2 N4 . C2 H4 O2
LC STN Files: ADISNEWS, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAPLUS, CHEMCATS, CHEMLIST, CIN, CSCHEM, DIOGENES, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, PHAR, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**
(**Enter CHEMLIST File for up-to-date regulatory information)

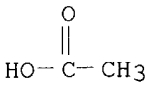
CM 1

CRN 5051-62-7
CMF C8 H8 Cl2 N4



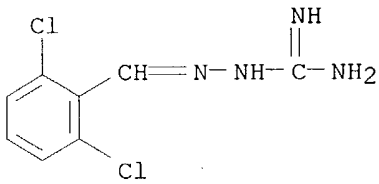
CM 2

CRN 64-19-7
CMF C2 H4 O2



81 REFERENCES IN FILE CA (1907 TO DATE)
81 REFERENCES IN FILE CAPLUS (1907 TO DATE)

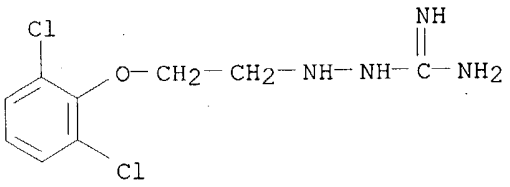
L12 ANSWER 6 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 5051-62-7 REGISTRY
CN Hydrazinecarboximidamide, 2-[(2,6-dichlorophenyl)methylene]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, [(2,6-dichlorobenzylidene)amino]- (7CI, 8CI)
OTHER NAMES:
CN **Guanabenz**
CN N-(2,6-Dichlorobenzylidene)-N'-amidinohydrazine
CN NSC 68982
CN Wy 8678
CN [(2,6-Dichlorobenzylidene)amino]guanidine
FS 3D CONCORD
MF C8 H8 Cl2 N4
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CHEMCATS, CHEMLIST, DDFU, DIOGENES, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

390 REFERENCES IN FILE CA (1907 TO DATE)
8 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
391 REFERENCES IN FILE CAPLUS (1907 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L12 ANSWER 7 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 5001-32-1 REGISTRY
CN Hydrazinecarboximidamide, 2-[2-(2,6-dichlorophenoxy)ethyl]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, [[2-(2,6-dichlorophenoxy)ethyl]amino]- (7CI, 8CI)
OTHER NAMES:
CN **Guanochlorine**
CN Guanoclor
FS 3D CONCORD
MF C9 H12 Cl2 N4 O
CI COM
LC STN Files: BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CASREACT, CHEMLIST, DDFU, DRUGU, EMBASE, MEDLINE, SPECINFO, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)

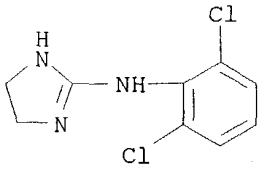


PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

19 REFERENCES IN FILE CA (1907 TO DATE)
19 REFERENCES IN FILE CAPLUS (1907 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L12 ANSWER 8 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 4205-90-7 REGISTRY
CN 1H-Imidazol-2-amine, N-(2,6-dichlorophenyl)-4,5-dihydro- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2-Imidazoline, 2-(2,6-dichloroanilino)- (7CI, 8CI)
OTHER NAMES:
CN 2-(2,6-Dichloroanilino)-2-imidazoline
CN 2-(2,6-Dichlorophenylimino)imidazolidine
CN 734571A
CN Catapres-TTS
CN Catapressan
CN Clonidin
CN **Clonidine**

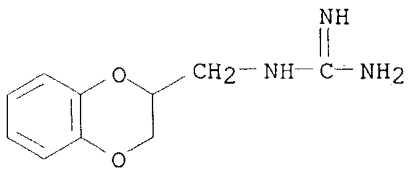
CN M 5041T
CN SKF 34427
CN ST 155BS
FS 3D CONCORD
DR 57066-25-8, 138474-59-6
MF C9 H9 Cl2 N3
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, NAPRALERT, NIOSHTIC, PHAR, PHARMASEARCH, PROMT, RTECS*, SPECINFO, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

6327 REFERENCES IN FILE CA (1907 TO DATE)
62 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
6334 REFERENCES IN FILE CAPLUS (1907 TO DATE)
3 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

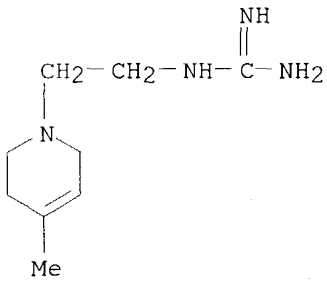
L12 ANSWER 9 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 2165-19-7 REGISTRY
CN Guanidine, [(2,3-dihydro-1,4-benzodioxin-2-yl)methyl]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,4-Benzodioxin, guanidine deriv.
CN Guanidine, (1,4-benzodioxan-2-ylmethyl)- (7CI, 8CI)
OTHER NAMES:
CN (1,4-Benzodioxan-2-ylmethyl)guanidine
CN 2-(Guanidinomethyl)-1,4-benzodioxan
CN **Guanoxan**
CN Guanoxane
CN N-[(2,3-Dihydro-1,4-benzodioxin-2-yl)methyl]guanidine
FS 3D CONCORD
DR 46416-31-3
MF C10 H13 N3 O2
CI COM
LC STN Files: ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CASREACT, CHEMCATS, DDFU, DRUGU, EMBASE, IPA, MEDLINE, MRCK*, RTECS*, SPECINFO, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

86 REFERENCES IN FILE CA (1907 TO DATE)
86 REFERENCES IN FILE CAPLUS (1907 TO DATE)
8 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L12 ANSWER 10 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 1463-28-1 REGISTRY
CN Guanidine, [2-(3,6-dihydro-4-methyl-1(2H)-pyridinyl)ethyl]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, [2-(3,6-dihydro-4-methyl-1(2H)-pyridyl)ethyl]- (7CI, 8CI)
OTHER NAMES:
CN FBA 1464
CN **Guanacline**
CN [2-(3,6-Dihydro-4-methyl-1(2H)-pyridyl)ethyl]guanidine
FS 3D CONCORD
MF C9 H18 N4
CI COM
LC STN Files: BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, DDFU, DRUGU, EMBASE, MEDLINE, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

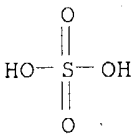
14 REFERENCES IN FILE CA (1907 TO DATE)
14 REFERENCES IN FILE CAPLUS (1907 TO DATE)
2 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L12 ANSWER 11 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 551-48-4 REGISTRY
CN Hydrazinecarboximidamide, 2-[2-(2,6-dichlorophenoxy)ethyl]-, sulfate (2:1)

(9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Guanidine, [[2-(2,6-dichlorophenoxy)ethyl]amino]-, sulfate (2:1) (8CI)
OTHER NAMES:
CN 2-(2,6-Dichlorophenoxy)ethylaminoguanidine sulfate
CN 3-01029
CN Compound 1029
CN **Guanochlor sulfate**
CN Guanoclor sulfate
CN NSC 108163
CN P 3/01029
CN Vatensol
MF C9 H12 Cl2 N4 O . 1/2 H2 O4 S
LC STN Files: ANABSTR, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CHEMCATS, CHEMLIST, EMBASE, IPA, TOXCENTER, USAN
Other Sources: EINECS**
(**Enter CHEMLIST File for up-to-date regulatory information)

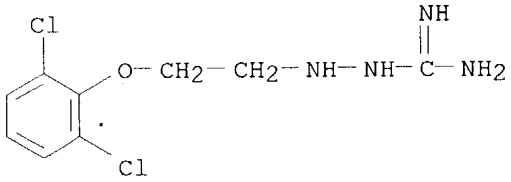
CM 1

CRN 7664-93-9
CMF H2 O4 S



CM 2

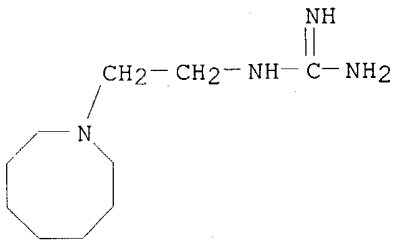
CRN 5001-32-1
CMF C9 H12 Cl2 N4 O



7 REFERENCES IN FILE CA (1907 TO DATE)
7 REFERENCES IN FILE CAPLUS (1907 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L12 ANSWER 12 OF 12 REGISTRY COPYRIGHT 2003 ACS on STN
RN 55-65-2 REGISTRY
CN Guanidine, [2-(hexahydro-1(2H)-azocinyl)ethyl]- (8CI, 9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Azocine, guanidine deriv.
OTHER NAMES:

CN 2-(1'-Azacyclooctyl)ethylguanidine
CN 2-(1-N,N-Heptamethyleneimino)ethylguanidine
CN Abapresin
CN Azocine, 1-[[2-(aminoiminomethyl)amino]ethyl]octahydro-
CN Dopom
CN Eutensol
CN **Guanethidine**
CN Ismelin
CN N-(2-Perhydroazocin-1-ylethyl)guanidine
CN Octatensine
CN Oktatensin
CN Oktatenzin
CN [2-(Octahydro-1-azocinyl)ethyl]guanidine
FS 3D CONCORD
MF C10 H22 N4
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CHEMLIST, CIN, DDFU, DIOGENES, DRUGU, EMBASE, HSDB*, IPA, MEDLINE, MRCK*, NIOSHTIC, PROMT, RTECS*, SPECINFO, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

1214 REFERENCES IN FILE CA (1907 TO DATE)
4 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
1214 REFERENCES IN FILE CAPLUS (1907 TO DATE)
121 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

5/24/2000 filed

FILE 'HCAPLUS' ENTERED AT 11:32:18 ON 04 DEC 2003

FILE COVERS 1907 - 4 Dec 2003 VOL 139 ISS 23
FILE LAST UPDATED: 3 Dec 2003 (20031203/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

L13 = compounds + salts + mixtures.

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=> d que l24
L13           91 SEA FILE=REGISTRY ABB=ON  PLU=ON  (1463-28-1/CRN OR 2165-19-7/C
                 RN OR 23256-50-0/CRN OR 24047-25-4/CRN OR 29110-47-2/CRN OR
                 32059-15-7/CRN OR 40580-59-4/CRN OR 4205-90-7/CRN OR 5001-32-1/
                 CRN OR 5051-62-7/CRN OR 55-65-2/CRN OR 551-48-4/CRN)
L15        20362 SEA FILE=HCAPLUS ABB=ON  PLU=ON  IMMOBILIZATION+PFT/CT
L16          640 SEA FILE=HCAPLUS ABB=ON  PLU=ON  "MENTAL ACTIVITY (L) SEDATION"
                 +PFT/CT
L17         7744 SEA FILE=HCAPLUS ABB=ON  PLU=ON  "HYPNOTICS AND SEDATIVES"+PFT/
                 CT
L18        15204 SEA FILE=HCAPLUS ABB=ON  PLU=ON  TRANQUILIZERS+PFT,NT/CT
L19        13583 SEA FILE=HCAPLUS ABB=ON  PLU=ON  ANESTHESIA+PFT/CT
L24           33 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L13(L)(BAC OR DMA OR PAC OR
                 PKT OR THU)/RL AND ((L15 OR L16 OR L17 OR L18 OR L19) OR
                 RESTRAIN? OR TRANQUIL? OR SEDAT? OR ANESTHES?)
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compounds from L13 used therapeutically + controlled terms from L15-L19

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=> b medline
FILE 'MEDLINE' ENTERED AT 11:32:23 ON 04 DEC 2003
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FILE LAST UPDATED: 2 DEC 2003 (20031202/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

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                32059-15-7/CRN OR 40580-59-4/CRN OR 4205-90-7/CRN OR 5001-32-1/
                CRN OR 5051-62-7/CRN OR 55-65-2/CRN OR 551-48-4/CRN)
L28         18658 SEA FILE=MEDLINE ABB=ON  PLU=ON  L13 OR GUANABENZ OR GUANOXABEN
                Z OR CLONIDINE OR GUANACLINE OR GUANADREL OR GUANAZODINE OR
                GUANETHIDINE OR GUANFACINE OR GUANOCHLOR? OR GUANOXAN
L29          9306 SEA FILE=MEDLINE ABB=ON  PLU=ON  HYPNOTICS AND SEDATIVES+PFT/CT

L36          8756 SEA FILE=MEDLINE ABB=ON  PLU=ON  IMMOBILIZATION+NT/CT
L39            20 SEA FILE=MEDLINE ABB=ON  PLU=ON  L28 AND L36
L58          7007 SEA FILE=MEDLINE ABB=ON  PLU=ON  L28/MAJ
L62          8384 SEA FILE=MEDLINE ABB=ON  PLU=ON  L29/MAJ OR L36/MAJ
L63            30 SEA FILE=MEDLINE ABB=ON  PLU=ON  L62 AND L58
L64            50 SEA FILE=MEDLINE ABB=ON  PLU=ON  L63 OR L39


=> b embase
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=> d que l90
L13            91 SEA FILE=REGISTRY ABB=ON  PLU=ON  (1463-28-1/CRN OR 2165-19-7/C
                RN OR 23256-50-0/CRN OR 24047-25-4/CRN OR 29110-47-2/CRN OR
                32059-15-7/CRN OR 40580-59-4/CRN OR 4205-90-7/CRN OR 5001-32-1/
                CRN OR 5051-62-7/CRN OR 55-65-2/CRN OR 551-48-4/CRN)
L67         14122 SEA FILE=EMBASE ABB=ON  PLU=ON  L13 AND (DT OR PD OR PK OR DO
                OR AD)
L69         15698 SEA FILE=EMBASE ABB=ON  PLU=ON  IMMOBILIZATION+PFT/CT
L71          5150 SEA FILE=EMBASE ABB=ON  PLU=ON  SEDATIVE AGENT+PFT/CT
L87          8210 SEA FILE=EMBASE ABB=ON  PLU=ON  L69/MAJ OR L71/MAJ
L90            38 SEA FILE=EMBASE ABB=ON  PLU=ON  L87 AND L67


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=> d que l92
L13            91 SEA FILE=REGISTRY ABB=ON  PLU=ON  (1463-28-1/CRN OR 2165-19-7/C
                RN OR 23256-50-0/CRN OR 24047-25-4/CRN OR 29110-47-2/CRN OR
                32059-15-7/CRN OR 40580-59-4/CRN OR 4205-90-7/CRN OR 5001-32-1/
                CRN OR 5051-62-7/CRN OR 55-65-2/CRN OR 551-48-4/CRN)
L91           710 SEA L13
L92            18 SEA L91 AND (SEDAT? OR IMMOBIL? OR TRANQUIL? OR RESTRAIN?)
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=> dup rem l64 l24 l90 l92
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PROCESSING COMPLETED FOR L24
PROCESSING COMPLETED FOR L90
PROCESSING COMPLETED FOR L92
L93          136 DUP REM L64 L24 L90 L92 (3 DUPLICATES REMOVED)

=> d l93 bib ab 1-136

L93  ANSWER 1 OF 136  HCAPLUS  COPYRIGHT 2003 ACS on STN
AN   2003:133051  HCAPLUS
DN   138:193266
TI   Oral dosage form comprising a therapeutic agent and an adverse-effect
     agent
IN   Wright, Curtis, IV; Carpanzo, Anthony E.
PA   Euro-Celtique, S. A., USA
SO   PCT Int. Appl., 45 pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.         KIND  DATE          APPLICATION NO.  DATE
     ---------------    ----  --------      ---------------  --------
PI   WO 2003013538      A1    20030220      WO 2002-US24889  20020805
         W:  AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN,
             CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH,
             GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,
             LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH,
             PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ,
             UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU,
             TJ, TM
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG,
             CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL,
             PT, SE, SK, TR
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US 2003044458 A1 20030306 US 2002-208817 20020801
PRAI US 2001-309791P P 20010806
AB The present invention provides an oral dosage form comprising a first compn. and a second compn. The first compn. comprises an effective amt. of a therapeutic agent and the second compn. comprises an effective amt. of an adverse-effect agent. The adverse-effect agent is covered with a coating that is substantially insol. in the gastrointestinal tract. In one embodiment, the adverse-effect agent is coated with an outer base-sol. layer and an inner acid-sol. layer. The therapeutic agent can be uncoated or can be coated with a coating having an outer acid-sol. layer and an inner base-sol. layer. The dosage form discourages administration of the therapeutic agent by other than oral administration. Granules prepd. from oxycodone hydrochloride 20, spray-dried lactose 59.25, povidone 5, Eudragit RS 30D 10, and triacetin 2 mg, were spray coated with base-sol. coating soln. contg. Eudragit L, and then acid-sol. coating soln. contg. Eudragit E100. Another granules prepd. from naltrexone hydrochloride 5, spray-dried lactose 59.25, povidone 5, Eudragit RS 30D 10, and triacetin 2 mg, were spray coated with the acid-sol. coating soln., and then the base-sol. coating soln. The both granules were encapsulated in a gelatin capsule to make a dosage form of the present invention.
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 2 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:42092 HCAPLUS
DN 138:112443
TI Tablet compositions for poorly-compressible pharmaceuticals
IN Matharu, Amol Singh; Patel, Mahendra R.
PA Geneva Pharmaceuticals, Inc., USA
SO PCT Int. Appl., 20 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2003004009	A1	20030116	WO 2002-US20323	20020627

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

US 2003021841 A1 20030130 US 2002-183881 20020627
PRAI US 2001-302613P P 20010702
AB The present invention relates to a process for prepg. tablet dosage forms of poorly-compressible pharmaceuticals and to tablet dosage forms. The process is esp. useful for prepg. tablets of the poorly-compressible drug metformin-HCl. Thus, tablets contained metformin-HCl 500, HPMC 320, stearyl alc. 200, and Mg stearate mg/unit.
RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 3 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:506430 HCAPLUS
DN 139:143971
TI Method for **anesthesia** at parturition
IN Epifanov, A. G.; Ivanov, G. K.; Drandrov, G. L.
PA Gosudarstvennoe Obrazovatel'noe Uchrezhdenie "Institut Usovershenstvovaniya Vrachei" MZ Chuvashskoi Respubliki, Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI RU 2203654	C1	20030510	RU 2001-131058	20011116
PRAI RU 2001-131058		20011116		

AB Krauford's needle should be used for subarachnoidal puncture at L3-4 level, then needle should be shifted backwards till withdrawing it into epidural space and medicinal prepn. should be injected at the following total dosage: clofelin 50-100 .mu.g, fentanil 100-200 .mu.g, 2% lidocaine 40-120 mg, moreover, after removing needle out of subarachnoidal space into epidural one it is necessary to introduce about 10-15 mL isotonic sodium chloride soln. The present method simplifies procedure of **anesthesia**, enables to obtain prolonged anesthetic effect after single injection of medicinal prepns. that decreases invasiveness and medicinal loading both upon the body of pregnant woman and her fetus by, thus, decreasing the development of dangerous complications.

L93 ANSWER 4 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2003238867 EMBASE
TI Sleep disorders.
AU Olejniczak P.W.; Fisch B.J.
CS Dr. P.W. Olejniczak, Department of Neurology, Louisiana Stt. Univ. Hlth. Sci. Ctr., 1542 Tulane Avenue, New Orleans, LA 70112, United States. polejn@lsuhsc.edu
SO Medical Clinics of North America, (2003) 87/4 (803-833).
Refs: 61
ISSN: 0025-7125 CODEN: MCNAA
CY United States
DT Journal; General Review
FS 008 Neurology and Neurosurgery
037 Drug Literature Index
LA English
SL English
AB Humans spend approximately one third of their lives asleep. Although the same medical disorders that occur during wakefulness persist into sleep, there are many disorders that occur exclusively during sleep or are manifestations of a disturbance of normal sleep-wake physiology. The most common reason for referral to a sleep laboratory is OSA, whereas the most common sleep disorder is insomnia. Effective treatments now exist for many sleep disorders, such as OSA and RLS, and a major breakthrough in the treatment of narcolepsy seems imminent. Because all disease processes are adversely affected by insufficient sleep, it is essential that the practicing physician understand the causes and treatments of the common sleep disorders.

L93 ANSWER 5 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:502978 HCAPLUS
DN 139:332962
TI **Sedation** and plasma concentration of clonidine hydrochloride for pre-anesthetic medication in pediatric surgery
AU Sumiya, Kenji; Homma, Masato; Watanabe, Machiko; Baba, Yasuyuki; Inomata, Shin-ichi; Kihara, Shin-ichi; Toyooka, Hidenori; Kohda, Yukinao
CS Department of Pharmacy, Tsukuba University Hospital, Ibaraki, 305-8576, Japan
SO Biological & Pharmaceutical Bulletin (2003), 26(4), 421-423
CODEN: BPBLEO; ISSN: 0918-6158
PB Pharmaceutical Society of Japan
DT Journal
LA English
AB Clonidine hydrochloride has been used for pre-anesthetic medication to provide a pre-operative **sedation** in pediatric surgery. The purpose of this study is to det. the plasma clonidine concn., which gives satisfactory **sedation** in pediatric surgery. Sixteen pediatric patients (age: 1-11 yr, wt.: 9-33 kg) received either 2 or 4 .mu.g/kg of clonidine lollipop before entering the operating room. Plasma clonidine concns. were detd. 120 min after administration of clonidine lollipop. Pre-operative **sedation** was evaluated by 5-point scoring systems at entering the operating room. The changes in systolic blood pressure (SBP), diastolic blood pressure (DBP) and heart rate (HR) were also assessed before and after administration of clonidine lollipop. The patients with satisfactory **sedation** had higher plasma clonidine concn. than that of the patients with unsatisfactory **sedation** (0.45.+-.0.16 ng/mL vs. 0.26.+-.0.16 ng/mL, $p<0.05$). The clonidine concns. in the satisfactory group ranged from 0.28 to 0.81 ng/mL. There was no significant difference in hemodynamic parameters (SBP, DBP and HR) before and after administration of clonidine lollipop in both satisfactory and unsatisfactory **sedation** groups. Plasma clonidine concn. of 0.3-0.8 ng/mL would be sufficient to produce satisfactory **sedation** without changes in hemodynamic parameters in pediatric surgery.
RE.CNT 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 6 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2003045233 EMBASE
TI [Titration of sedatives using th bispectral index. Decreasing morbidity and mortality during intensive care].
TERUGDRINGEN VON MORBIDITEIT EN MORTALITEIT TIJDENS INTENSIVE CARE: TITRATIE VAN SEDATIVA MET BEHULP VAN DE BISPECTRALE INDEX.
AU Jessurun N.T.; Pluim H.J.; Naqteqaal J.E.; Van der Westerlaken M.M.L.
SO Pharmaceutisch Weekblad, (17 Jan 2003) 138/3 (117-120).
Refs: 9
ISSN: 0031-6911 CODEN: PHWEAW
CY Netherlands
DT Journal; Article
FS 024 Anesthesiology
030 Pharmacology
037 Drug Literature Index
LA Dutch

L93 ANSWER 7 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:124527 HCAPLUS

DN 139:301775
TI Morphine state-dependent learning: interactions with .alpha.2-adrenoceptors and acute stress
AU Homayoun, H.; Khavandgar, S.; Zarrindast, M. R.
CS Dep. of Pharmacol., Sch. of Med., Tehran Univ. of Med. Sci., Tehran, Iran
SO Behavioural Pharmacology (2003), 14(1), 41-48
CODEN: BPHAEL; ISSN: 0955-8810
PB Lippincott Williams & Wilkins
DT Journal
LA English
AB The interactions of .alpha.2-adrenoceptors and acute **restraint** stress with morphine state-dependent memory of passive avoidance were examd. in mice. Memory acquired following pre-training morphine administration (5 mg/kg, i.p.) was dose- and time-dependently retrieved by pre-test morphine; this effect was reversible by yohimbine (1 mg/kg). Pre-test clonidine (0.005-0.1 mg/kg) was also effective in restoring morphine-induced memory. Pre-training clonidine (2 mg/kg) induced an amnestic effect that was restorable by pre-test clonidine or morphine; this effect was also blocked by yohimbine. Acute pre-training stress for 2 h induced an amnestic effect that was reversible by pre-test morphine (1 and 5 mg/kg) or clonidine (0.01 and 0.1 mg/kg). Finally, acute pre-test stress could restore the impairment of memory induced by pre-training morphine. The data are suggestive of a functional interaction between .mu.-opioid, .alpha.2-adrenergic receptors and stress in modulating state-dependent learning and memory.
RE.CNT 64 THERE ARE 64 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 8 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2003420955 EMBASE
TI Sedation in intensive care patients.
AU Werrett G.
CS G. Werrett, Derriford Hospital, Plymouth, United Kingdom
SO Update in Anaesthesia, (2003) -/16 (9-12).
Refs: 3
ISSN: 1353-4882 CODEN: UPANFV
CY United Kingdom
DT Journal; General Review
FS 024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Good sedation can be achieved with simple combinations of drugs. Over sedation is widespread but use of sedation scoring and adequate nursing staff provision should reduce its frequency. Use of sedative drugs should be questionned daily, just as vasopressors/diatropes. Sedation should be prescribed on an individual basis as requirements wary widely and sometimes analgesia alone may suffice.

L93 ANSWER 9 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:335780 HCAPLUS
DN 138:331717
TI Method for **anesthesilogical** supply of vertebrological operations in children and youth
IN Lebedeva, M. N.; Shevchenko, V. P.

PA Novosibirskii Nauchno-Issledovatel'skii Institut Travmatologii I Ortopedii, Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
RU 2195278	C2	20021227	RU 2000-114573	20000607

PRAI RU 2000-114573 20000607

AB The present method relates to treatment of patients with highly traumatic operations accompanied with massive blood losses and initial disorders of essential body functions. Preoperative prepn. is carried out by the following scheme: 72 and 48 h before operation pyrogenal is injected at a dose of 0.5 mcg/kg i.m., 24 h before operation pyrogenal is injected at a dose of 1 mcg/kg i.m. in combination with vitamin E at a dose of 10 mg/kg. Premedication is conducted, including relanium at a dose of 0.2 mg/kg and dimedrol at a dose of 0.4 mg/kg i.m. Introductory narcosis includes phenthanyl at a dose of 0.002 mg/kg, sodium thiopental 2.5-1%-soln. at a dose of 10 mg/kg, lysthenone at a dose of 2.5 mg/kg with subsequent tracheal intubation. After this, clophelin is injected as a 0.01%-soln. at a dose of 0.4 mcg/kg i.v. bolus. The major narcosis includes a central analgetic, for example, phenthanyl at a dose of 0.002 mg/kg/h i.v. bolus, a hypnoanesthetic prepn. calipsol at a dose of 2.5 mg/kg/h i.v. constantly through a dosator, clophelin 0.4 mcg/kg/h i.v. constantly through a dosator at total myoplegia with arduan at a dose of 0.03 mg/kg/h i.v. bolus at artificial pulmonary ventilation with an app. working by a flow at the mode from plateau at inspiration with FiO2 40%. The method efficiently provides body protection in the course of such operations.

L93 ANSWER 10 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:103089 HCAPLUS
DN 138:299891
TI Method of angiographic contrasting for lower limb arteries
IN Vyrvykhvost, A. V.; Voskanyan, Yu. E.; Vafin, A. Z.; Kuznetsov, O. G.; Kalugin, K. Yu.; Tatsii, Yu. P.; Fomenko, A. A.; Kolesnikov, V. N.; Malysheva, F. A.; Chemurziev, R. A.
PA Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
RU 2191038	C2	20021020	RU 2000-112472	20000518

PRAI RU 2000-112472 20000518

AB The method is conducted by using spinal **anesthesia** from injection of 2-2.5 mL 2%-lidocaine soln. and 0.5 mL 0.01%-clofelin soln. at L4-L5 or L5-S1 level into spinal marrow canal. The femoral artery is catheterized and infusate is introduced at 5.5-6.0 mL/kg body wt. dosage. The compn. of infusate contains prepn. at the following ratio of components, wt.%: pentoxifylline 1.19-11.21, no-spa 0.90-0.96, xanthinol nicotinate 1.45-1.50, with rheopolyglucin - the rest. Then one should addnl. inject Ringer's-Locke soln. at 5.5-11.4 mL/kg body wt. dosage followed by injection of a contrast prepn. to conduct roentgenol. survey.

This decreased the no. of local complications and improved quality of angiog. study.

L93 ANSWER 11 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2002:725568 HCAPLUS
DN 138:44666
TI **Sedative** chewing gum
IN Mishunin, Yu. V.; Ostreykov, I. F.; Nazarov, N. A.; Nikiforov, A. V.; Kas'yanov, A. A.
PA Smolenskaya Gosudarstvennaya Meditsinskaya Akademiya, Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI RU 2180561	C1	20020320	RU 2000-118640	20000712
PRAI RU 2000-118640		20000712		

AB Medicinal chewing gum contains clofelin, metamizole, diazepam and is applicable in **anesthesia, sedation** and stabilization of vegetative nervous system in medical manipulations. The gum allows quick and adequate **sedative** analgesic vegetostabilizing effects to be attained in a safe and complaint manner ensuring stress-prophylaxis in medical manipulations.

L93 ANSWER 12 OF 136 MEDLINE on STN
AN 2002305470 MEDLINE
DN 22026995 PubMed ID: 12032011
TI The hypnotic and analgesic effects of oral **clonidine** during sevoflurane anesthesia in children: a dose-response study.
AU Inomata Shinichi; Kihara Shin-Ichi; Miyabe Masayuki; Sumiya Kenji; Baba Yasuyuki; Kohda Yukinao; Toyooka Hidenori
CS Department of Anesthesiology, the University of Tsukuba, Tsukuba City, Ibaraki 305-8575, Japan.. inomatas@md.tsukuba.ac.jp
SO ANESTHESIA AND ANALGESIA, (2002 Jun) 94 (6) 1479-83, table of contents.
Journal code: 1310650. ISSN: 0003-2999.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200206
ED Entered STN: 20020606
Last Updated on STN: 20020620
Entered Medline: 20020619
AB Although **clonidine** has both hypnotic and analgesic actions, the dose relationship for each actions is still unknown in a clinical setting when **clonidine** is used as a premedication in children. We studied 80 ASA physical status I children (age range, 3-8 yr). Subjects were randomly divided into two groups (minimum alveolar anesthetic concentration [MAC]-Awake group, n = 40; MAC-Tetanus group, n = 40). Each patient received one dose of **clonidine** from 1 to 5 microg/kg orally, 100 min before arrival at the operating room. Anesthesia was induced and maintained with sevoflurane in oxygen and air. Before tracheal intubation, end-tidal sevoflurane was decreased stepwise by 0.2%

at the start of 1.2%, a verbal command was given to the patients, and MAC-awake was determined in each patient. We also investigated MAC-tetanus, determined with transcutaneous electric tetanic stimulations, after tracheal intubation in each patient by observing the motor response to a transcutaneous electric tetanic stimulus to the ulnar nerve at a sevoflurane concentration decreased stepwise by 0.25% at the start of 2.75%. The initial reduction in MAC-tetanus was not as steep as that in MAC-awake. **Clonidine** reduced MAC-tetanus by 40% at the maximal dose of 5 microg/kg, whereas MAC-awake was already reduced by 50% at 2 microg/kg. We conclude that separate dose-response relationships for oral **clonidine** are present regarding the hypnotic and analgesic effects in children undergoing sevoflurane anesthesia. IMPLICATIONS: Separate dose-response relationships for oral **clonidine** were found regarding the hypnotic and analgesic effects in children undergoing sevoflurane anesthesia.

L93 ANSWER 13 OF 136 MEDLINE on STN
AN 2002458994 MEDLINE
DN 22205924 PubMed ID: 12218506
TI Tonic immobility in guinea pigs: a behavioural response for detecting an anxiolytic-like effect?.
AU Olsen C K; Hogg S; Lapiz M D S
CS Pharmalogical Research, H. Lundbeck A/S, Valby, Copenhagen, Denmark.. ckol@lundbeck.com
SO BEHAVIOURAL PHARMACOLOGY, (2002 Jul) 13 (4) 261-9.
Journal code: 9013016. ISSN: 0955-8810.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200212
ED Entered STN: 20020910
Last Updated on STN: 20021227
Entered Medline: 20021224
AB Tonic immobility (TI) is considered to be an innate fear response characterized by a temporary state of profound and reversible motor inhibition. TI occurs in a wide range of species in a predator-prey confrontation and is hypothesized to be a terminal defence response occurring when there is physical contact between prey and predator. The objective of the present study was to investigate the validity of the TI model in guinea pigs for detection of anxiolytic and/or antidepressant drug activity. Compounds that reduced TI include the serotonin (5-HT) releaser fenfluramine, the 5-HT(1A) receptor agonists 8-hydroxy-2-(di-n-propylamino)tetralin (8-OH-DPAT) and buspirone, the 5-HT(2C/2B) receptor antagonist SB206553, the 5-HT(2A) receptor antagonist MDL 100.151 -- but only at doses thought also to inhibit 5-HT(2C) receptors--the noradrenaline (NA) reuptake inhibitor desipramine, the benzodiazepine inverse agonist FG-7142, the alpha(2)-adrenergic receptor antagonist yohimbine, the neurokinin (NK)(1) receptor antagonist L-733.060, and the NK(2) receptor antagonist SR-48968. Compounds that increased TI include the benzodiazepine agonists diazepam and alprazolam, and the alpha(2)-adrenergic receptor agonist **clonidine**. The selective 5-HT reuptake inhibitors citalopram, paroxetine and fluoxetine, the 5-HT(1A) receptor antagonist WAY100.635, the 5-HT(2C) receptor agonist MK-212, the 5-HT/NA reuptake inhibitor imipramine, the NA reuptake inhibitor talopram, the benzodiazepine antagonist flumazenil, the alpha(2)-adrenergic receptor antagonist idazoxan and the psychostimulant

amphetamine did not have any effect. These findings indicate that the serotonergic, noradrenergic and neurokinin systems are involved in mediating or modulating TI behaviour in guinea pigs. The potential of TI as a behaviour for detecting anxiolytic-like effect may be questioned due to the contradictory effect of the benzodiazepine ligands, which may be attributed to the sedative and/or ataxic effects of the compounds. Nevertheless, there is preclinical evidence suggesting that 5-HT(1A) receptor agonists, 5-HT(2C) receptor antagonists and NK(1) and NK(2) receptor antagonists possess anxiolytic potential. Only when results of clinical investigations of the anxiolytic potential of non-benzodiazepine ligands (for example the NK receptor antagonists) are available, will it be possible to determine fully the predictive validity of the TI model.

L93 ANSWER 14 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2003043472 EMBASE
TI Extremely long recovery time for the sedative effect of clonidine in male type 1 alcohol-dependent subjects in full sustained remission.
AU Berggren U.; Eriksson M.; Fahlke C.; Sundkler A.; Balldin J.
CS C. Fahlke, Department of Psychology, Goteborg University, P.O. Box 500, SE-405 30 Goteborg, Sweden. Claudia.Fahlke@psy.gu.se
SO Alcohol, (2002) 28/3 (181-187).
Refs: 17
ISSN: 0741-8329 CODEN: ALCOEX
PUI S 0741-8329(02)00276-8
CY United States
DT Journal; Article
FS 037 Drug Literature Index
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
SL English
AB The possible relation between alpha-2-adrenoceptor function - as assessed by changes in systolic and diastolic blood pressure and heart rate, as well as level of sedation, after administration of clonidine (2.0 .mu.g/kg, i.v.) - and length of time of alcohol dependence or duration of remission was investigated in 17 male subjects with alcohol dependence in full sustained remission. Six healthy males were used as control subjects. The clonidine-induced scores for level of sedation were found to correlate with duration of time in remission ($r = 0.60$; $P < .02$). Median split of duration of remission revealed that subjects with short-term (2 .+-. 1 years) duration of remission had significantly lower scores for clonidine-induced level of sedation than the scores for both subjects with long-term (12 .+-. 5 years) duration of remission ($P < .004$) and control subjects ($P < .02$). There was also a significant correlation between duration of remission and values for clonidine-induced reduction of systolic blood pressure ($r = 0.51$; $P < .05$). Results indicate an extremely long recovery period in some aspects of alpha-2-adrenoceptor function, especially for clonidine-induced increase in level of sedation, with a normalization time of 4 to 5 years.

L93 ANSWER 15 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002148565 EMBASE
TI Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult.
AU Cooke S.E.; Dasta J.; Fish D.; Hassan E.; Horst H.M.; Kelly K.; Kaiser K.;

Jackson C.E.; Rudis M.; Schoenberger C.; Schoonove L.; Takaniski G.; Teres D.; Thompson K.
SO American Journal of Health-System Pharmacy, (15 Jan 2002) 59/2 (150-178).
Refs: 235
ISSN: 1079-2082 CODEN: AHSPEK
CY United States
DT Journal; General Review
FS 024 Anesthesiology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L93 ANSWER 16 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002054808 EMBASE
TI Using sedative agents in special ICU circumstances.
AU Papadakos P.J.
SO Critical Care Medicine, (2002) 30/1 SUPPL. A (S113-S117).
ISSN: 0090-3493 CODEN: CCMDC7
CY United States
DT Journal; General Review
FS 030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L93 ANSWER 17 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002243271 EMBASE
TI Pharmacotherapy for pediatric sleep disturbances: Current patterns of use and target populations for controlled clinical trials.
AU Rosen C.L.; Owens J.A.; Scher M.S.; Glaze D.G.
CS Dr. C.L. Rosen, Department of Pediatrics, Rainbow Babies and Children's Hosp., 11100 Euclid Avenue, Cleveland, OH 44106-6010, United States. clr14@po.cwru.edu
SO Current Therapeutic Research - Clinical and Experimental, (2002) 63/SUPPL. B (B53-B66).
Refs: 54
ISSN: 0011-393X CODEN: CTCEA
CY United States
DT Journal; Conference Article
FS 007 Pediatrics and Pediatric Surgery
008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB The systematic study of pharmacologic treatment of sleep disturbances in children requires both careful selection of patients and a thorough and consistent diagnostic approach. This article examines information pertinent to advancing these efforts by considering the prevalence and significance of pediatric sleep disturbances; reviewing current patterns of use of medication for childhood sleep disturbances; and identifying patient populations in whom pharmacotherapy is likely to be appropriate and controlled clinical studies should be conducted. This review

reinforces the need to identify safe and effective pharmacologic agents for treating pediatric sleep disturbances and to clearly define the indications and prescribing parameters for such medications. Several medications for pediatric sleep disturbances are commonly prescribed despite a paucity of data to support their efficacy and tolerability. Furthermore, virtually no information is available to guide decisions about appropriate medication doses or duration of therapy in pediatric patients. Finally, despite the fact that pharmacologic therapies for pediatric sleep disturbances have not been well studied to date, it is clear that they fill an important void in the management of sleep disorders in children and deserve continued consideration and evaluation. Recent increases in awareness of the importance of evaluating pediatric responses to medications and advances in techniques for studying the effects of psychotropics offer optimism that the efficacy and tolerability of sleep medicines will be significantly enhanced.

L93 ANSWER 18 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002243269 EMBASE
TI Overview of current management of sleep disturbances in children: I - Pharmacotherapy.
AU Reed M.D.; Findling R.L.
CS M.D. Reed, Division of Pediatric Pharmacology, Rainbow Babies and Children's Hosp., 11100 Euclid Avenue, Cleveland, OH 44106-6010, United States. MDR2@po.cwru.edu
SO Current Therapeutic Research - Clinical and Experimental, (2002) 63/SUPPL. B (B18-B37).
Refs: 69
ISSN: 0011-393X CODEN: CTCEA
CY United States
DT Journal; Conference Article
FS 007 Pediatrics and Pediatric Surgery
008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB The increasing appreciation of the short- and long-term detrimental impact of childhood sleep disturbances may be partly responsible for the increasing acceptance of pharmacologic management (undertaken by parents acting on the recommendation of a physician or independently without a physician's advice) despite the lack of data from controlled studies. Recent advances in clinical trial design and the increased ability to measure children's responses to pharmacologic interventions have enhanced our ability to conduct the necessary well-controlled studies in pediatric psychopharmacology. With the aim of providing a point of reference for these endeavors, this paper summarizes current knowledge of the clinical pharmacology, efficacy, safety, and tolerability of the drugs most commonly used as soporifics in children. Pharmacotherapies for sleep disturbances have been studied less in children than in adults, and - in part because of the paucity of pediatric data - the clinical benefits of currently prescribed agents are even more equivocal. The failure to identify optimal pharmacotherapy for pediatric sleep disturbances to date should not discourage research in this area. There is a palpable need for effective, well-tolerated pharmacotherapies that can mitigate or eliminate the detrimental effects of poor sleep on children's mood, cognition, and

daily function without causing unwanted side effects or otherwise endangering the child. New, well-tolerated, nonbenzodiazepine hypnotics such as zolpidem and medications such as melatonin, in combination with environmental and/or behavioral interventions, are potential therapeutic options that await further study.

L93 ANSWER 19 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:868207 HCAPLUS
DN 136:672
TI Novel long acting, reversible veterinary **sedative** and analgesic and method of use
IN Tobin, Thomas
PA University of Kentucky Research Foundation, USA
SO PCT Int. Appl., 30 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001089508	A1	20011129	WO 2001-US16992	20010524
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 2002091161	A1	20020711	US 2001-865175	20010524
PRAI US 2000-206625P	P	20000524		

AB A veterinary compn. comprising a guanidine deriv., e.g., guanabenz or guanabenz acetate is provided which produces a rapid acting and long lasting **sedative** and analgesic effect in a subject animal that is selectively reversible. The use of guanabenz in the horse provides for a safe, effective, long lasting and rapidly reversible **sedative** and analgesic which can be used on the standing animal. Methods of use of the compns. of the invention are also provided. A dose of 0.2 mg/kg guanabenz i.v. produced a very rapid onset of analgesia response in horses and maintained at full intensity for about 30 min.
RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 20 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2002:531437 HCAPLUS
DN 137:103905
TI Method of providing **anesthesia** in surgical patients with hypertension
IN Matveev, D. M.; Churlyaev, Yu. A.
PA Novokuznetskii Gosudarstvennyi Institut Usovershenstvovaniya Vrachei, Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	RU 2173992	C1	20010927	RU 2000-115757	20000616
PRAI	RU 2000-115757		20000616		

AB Methods are disclosed for providing **anesthesia** in surgical patients with assocd. hypertension disease. Presurgery period involves study of central and peripheral parameters of hemodynamics and assay of the circulation type. After premedication 12h before surgery clofelin is prescribed in the dose 0.075 mg to patients with hypokinetic type of circulation, in the dose 0.15 mg to patients with normokinetic type of circulation, in the dose 0.1125 mg to patients with hyperkinetic type of circulation. Then after the patient is transported to surgical room, blood circulation type is assayed again and clofelin is administered before the onset of **anesthesia** in doses 10, 20 and 30 mg to patients with hypokinetic, normokinetic and hyperkinetic types of circulation, resp. During surgery clofelin is administered depending on parameters of central and peripheral hemodynamics in the same doses as before operation up to the time of unconsciousness, frequency and doses depends on the arterial pressure changes during the surgery. Method provides safety and decreases adverse effects by providing balanced **anesthesia** with deep neuro-vegetative protection without depression of hemodynamics at all stages of **anesthesia**.

L93 ANSWER 21 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2002:531434 HCAPLUS
DN 137:210966
TI **Anesthesiological** security in operation for severe craniocerebral trauma
IN Astrakov, S. V.; Vereshchagin, I. P.; Rabinovich, S. S.
PA Munitsipal'naya Klinicheskaya Bol'nitsa Skoroi Meditsinskoi Pomoshchi 1, Russia; Sibirskii Nauchno-Prakticheskii Tsentr Meditsiny Katastrof
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	RU 2173989	C2	20010927	RU 1997-103279	19970304
PRAI	RU 1997-103279		19970304		

AB The invention proposes to carry out premedication with atropine in the dose 0.3-0.7 mg and dimedrol in the dose 10 mg by i.v. route. Initial narcosis is begun by i.v. administration of full dose of myorelaxant of depolarizing type action (arduan in the dose 0.05 mg/kg of body mass) followed by mask ventilation with a mixt. of nitrous oxide and oxygen and i.v. administration of fentanyl in the dose 3.75 mcg/kg and clofelin in the dose 1.25 mcg/kg. At the phase of narcosis maintenance sodium thiopental is administered by i.v. fractional route in the dose 3.5-3.75 mg/kg/h and in the process of operation 300 mg of vitamin E is administrated i.m. and 30 000 U of contrical is administered i.v. The method limits primary damage and prevents secondary damage of brain.

L93 ANSWER 22 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:835107 HCAPLUS
DN 137:41584
TI The effects of nitric oxide synthase inhibitors on the **sedative** effect of clonidine

AU Soares de Moura, Roberto; Rios, Anna Amelia S.; De Oliveira, Luiz F.; Resende, Angela C.; De Lemos Neto, Miguel; Santos, Edmar J. A.; Correia, Marcelo L. G.; Tano, Tania
CS Department of Pharmacology, State University of Rio de Janeiro, Rio de Janeiro, CEP 20551-030, Brazil
SO Anesthesia & Analgesia (Baltimore, MD, United States) (2001), 93(5), 1217-1221
CODEN: AACRAT; ISSN: 0003-2999
PB Lippincott Williams & Wilkins
DT Journal
LA English
AB The mechanism underlying the Niteroi, Rio de Janeiro **sedative** effect of clonidine, an .alpha.2-adrenoceptor agonist, remains uncertain. Because activation of .alpha.2-adrenoceptors induces release of nitric oxide (NO), we tested the hypothesis that the **sedative** effect of clonidine depends on NO-related mechanisms. The effect of 7-nitro indazole on the sleeping time induced by clonidine was studied in Wistar rats. In addn., we examd. the effect of clonidine, .alpha.-methyldopa, and midazolam on the thiopental-induced sleeping time in rats pretreated with NG-nitro-L-arginine-methyl-esther (L-NAME). The sleeping time induced by clonidine was significantly decreased by 7-nitro indazole. Thiopental sleeping time was increased by clonidine, .alpha.-methyldopa, and midazolam. L-NAME reduced the prolongation effect of clonidine and .alpha.-methyldopa, but did not alter the effect of midazolam on the thiopental-induced sleeping time. The inhibitory effect of L-NAME on clonidine-dependent prolongation of thiopental-induced sleeping time was reversed by L-arginine. These results suggest that NO-dependent mechanisms are involved in the **sedative** effect of clonidine. In addn., this effect seems to be specific for the **sedative** action of .alpha.2-adrenoceptors agonists.
RE.CNT 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L93 ANSWER 23 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2001420102 EMBASE
TI New agents for sedation in the intensive care unit.
AU Maze M.; Scarfini C.; Cavaliere F.
CS M. Maze, Sir Ivan Magill Dept. of Anaesth., Division of Surgery, Imperial College School of Medicine, 369 Fulham Road, London SW10 9NH, United Kingdom. m..maze@ic.ac.uk
SO Critical Care Clinics, (2001) 17/4 (881-897).
Refs: 100
ISSN: 0749-0704 CODEN: CCCLEH
CY United States
DT Journal; General Review
FS 024 Anesthesiology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Several advances are likely to benefit the ICU patient requiring sedation, analgesia, and anxiolysis. The cooperative sedation induced by dexmedetomidine is a unique and valuable state that allows patients to be aroused easily and interferes little with ventilation. Remifentanil is the prototype of short-acting drugs, providing fast onset and offset; its

relatively high cost may be balanced by limiting the risk for long-lasting respiratory depression. Lorazepam seems to be finding more proponents, especially in long-term ICU sedation where the costs of the newer agents may be prohibitive.

L93 ANSWER 24 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:369846 HCAPLUS
DN 135:175196
TI The anterior hypothalamus in the antiaversive effects of anxiosedative and anxioselective drugs on various model anxiety patterns
AU Talalaenko, A. N.; Gordienko, D. V.; Markova, O. P.; Goncharenko, N. V.; Pankrat'ev, D. V.
CS Pharmacology Department, Donetsk State Medical University, Donetsk, 340003, Ukraine
SO Eksperimental'naya i Klinicheskaya Farmakologiya (2001), 64(2), 20-24
CODEN: EKFAE9; ISSN: 0869-2092
PB Izdatel'stvo Folium
DT Journal
LA Russian
AB The expts. using "illuminated site" and "threatening situation" avoidance tests on rats microinjected with GABA, glutamic acid, monoamines and their agonists and antagonists, as well as anxiosedative and anxioselective agents into the anterior hypothalamus revealed functional ambiguity in the neurochem. profile of this limbic brain formation in the anxiety states of various aversive genesis. Preliminary i.p. injection of the monoamine and GABA antagonists, followed by the local administration of the antianxiety drugs studied, showed that the antiaversive action of chlordiazepoxide, fenibut, and indoter is manifested in both anxiety models via a GABAergic mechanism in the anterior hypothalamus. The anxiolytic effect of campirone is manifested only under neg.-stressor zoosocial conditions and is mediated by the serotoninergic systems of this limbic brain formation.

L93 ANSWER 25 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:583908 HCAPLUS
DN 135:117251
TI Method of **anesthesia**
IN Kolesnichenko, I. Yu.; Ninel, V. G.
PA Saratovskii Nauchno-Issledovatel'skii Institut Travmatologii i Ortopedii, Russia
SO Russ., No pp. given
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	RU 2147232	C1	20000410	RU 1997-109804	19970611
PRAI	RU 1997-109804		19970611		

AB The method proposes the following **anesthesia**: a lymph node is punctured and the medicinal mixt. is administrated into the lymph node at a rate of 0.1-0.3 mL/min. The mixt. consists of: 0.01-% soln. of clofelin at a dose of 1 mg/kg, 0.25-% soln. of isoptin at a dose of 0.07 mg/kg and 1 mL of 2-% lidocaine. The invention is used for treatment of persistent pain syndromes caused by a damage of nervous structures (neurogenic pain syndromes). The proposed method, administration of drugs into the lymphatic system, achieved arresting of chronic pain syndromes and amelioration of tissue traumatization.

L93 ANSWER 26 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000232244 EMBASE
TI Tolerance, withdrawal, and physical dependency after long-term sedation and analgesia of children in the pediatric intensive care unit.
AU Tobias J.D.
CS Dr. J.D. Tobias, Department of Child Health, Division of Pediatric Critical Care, University of Missouri, Columbia, MO, United States
SO Critical Care Medicine, (2000) 28/6 (2122-2132).
Refs: 76
ISSN: 0090-3493 CODEN: CCMDC7
CY United States
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Objective: To describe the consequences of the prolonged administration of sedative and analgesic agents to the pediatric intensive care unit (PICU) patient. The problems to be investigated include tolerance, physical dependency, and withdrawal. Data Sources: A MEDLINE search was performed of literature published in the English language. Cross-reference searches were performed using the following terms: sedation, analgesia with PICU, children, physical dependency, withdrawal; tolerance with sedative, analgesics, benzodiazepines, opioids, inhalational anesthetic agents, nitrous oxide, ketamine, barbiturates, propofol, pentobarbital, phenobarbital. Study Selection: Studies dealing with the problems of tolerance, physical dependency, and withdrawal in children in the PICU population were selected. Data Extraction: All of the above-mentioned studies were reviewed in the current manuscript. Data Synthesis: A case by case review is presented, outlining the reported problems of tolerance, physical dependency, and withdrawal after the use of sedative/analgesic agents in the PICU population. This is followed up by a review of the literature discussing current treatment options for these problems. Conclusions: Tolerance, physical dependency, and withdrawal can occur after the prolonged administration of any agent used for sedation and analgesia in the PICU population. Important components in the care of such patients include careful observation to identify the occurrence of withdrawal signs and symptoms. Treatment options after prolonged administration of sedative/analgesic agents include slowly tapering the intravenous administration of these agents or, depending on the drug, switching to subcutaneous or oral administration.

L93 ANSWER 27 OF 136 MEDLINE on STN
AN 2000298245 MEDLINE
DN 20298245 PubMed ID: 10839897
TI Topography of **clonidine**-induced electroencephalographic changes evaluated by principal component analysis.
AU Bischoff P; Scharein E; Schmidt G N; von Knobelsdorff G; Bromm B; Esch J S
CS Department of Anesthesiology, University Hospital Eppendorf, Hamburg, Germany.. bischoff@uke.uni-harmburg.de
SO ANESTHESIOLOGY, (2000 Jun) 92 (6) 1545-52.
Journal code: 1300217. ISSN: 0003-3022.
CY United States

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200007
ED Entered STN: 20000720
Last Updated on STN: 20000720
Entered Medline: 20000711
AB BACKGROUND: Principal component analysis is a multivariate statistical technique to facilitate the evaluation of complex data dimensions. In this study, principle component analysis was used to reduce the large number of variables from multichannel electroencephalographic recordings to a few components describing changes of spatial brain electric activity after intravenous **clonidine**. METHODS: Seven healthy volunteers (age, 26 +/- 3 [SD] yr) were included in a double-blind crossover study with intravenous **clonidine** (1.5 and 3.0 microg/kg). A spontaneous electroencephalogram was recorded by 26 leads and quantified by standard fast Fourier transformation in the delta, theta, alpha, and beta bands. Principle component analysis derived from a correlation matrix calculated between all electroencephalographic leads (26 x 26 leads) separately within each classic frequency band. The basic application level of principle component analysis resulted in components representing clusters of electrodes positions that were differently affected by **clonidine**. Subjective criteria of drowsiness and anxiety were rated by visual analog scales. RESULTS: Topography of **clonidine**-induced electroencephalographic changes could be attributed to two independent spatial components in each classic frequency band, explaining at least 85% of total variance. The most prominent effects of **clonidine** were increases in the delta band over centroparietooiccipital areas and decreases in the alpha band over parietooccipital regions. **Clonidine** administration resulted in subjective drowsiness. CONCLUSIONS: Data from the current study supported the fact that spatial principle component analysis is a useful multivariate statistical procedure to evaluate significant signal changes from multichannel electroencephalographic recordings and to describe the topography of the effects. The **clonidine**-related changes seen here were most probably results of its sedative effects.

L93 ANSWER 28 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN DUPLICATE 1
AN 2000:508348 HCAPLUS
DN 133:182881
TI Preparation and clinical evaluation of orally-disintegrating clonidine hydrochloride tablets for preanesthetic medication
AU Sumiya, Kenji; Baba, Yasuyuki; Inomata, Shinich; Toyooka, Hidenori; Koda, Yukinao
CS Department of Pharmacy, Tsukuba University Hospital, Amakubo, Tsukuba, 305-8576, Japan
SO Yakugaku Zasshi (2000), 120(7), 652-656
CODEN: YKKZAJ; ISSN: 0031-6903
PB Pharmaceutical Society of Japan
DT Journal
LA Japanese
AB Orally-disintegrating tablets of clonidine-HCl (I), an .alpha.2-adrenergic agonist, were prepd. by the method of drying an aq. suspension. The suspension was prepd. using powd. lactose, and the compn. ratio was 2: 1 (powd. lactose: 0.048% I soln.). The suspension was dried under 4.degree.

(72% R.H.). We obtained tablets contg. I (40 .mu.g/tablet). Phys. properties of the tablets were as follows: hardness was 4.0 kgf, and disintegration time was 41.7 s (in vitro). In the clin. use, 8 patients, aged 1-2 yr and weighing 9-11 kg, received approx. 40 .mu.g/kg body wt. as I. The tablet was administered 90 min before entering the operating room. All patients accepted the tablet. The quality of sepn. from parents, **sedation** and a mask acceptance were excellent on all patients. The orally-disintegrating I tablet was useful in a clin. situation for the preanesthetic medication of pediatric patients aged 1-2 yr.

L93 ANSWER 29 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000428121 EMBASE
TI Controversial issues in adult and paediatric ambulatory anaesthesia: Is there a role for alpha-2 agonists in conscious sedation in adults and paediatric ambulatory surgical practice?.
AU Wilhelm S.; Maze M.
CS Prof. M. Maze, Magill Department of Anaesthetics, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH, United Kingdom. m.maze@ic.ac.uk
SO Current Opinion in Anaesthesiology, (2000) 13/6 (619-624).
Refs: 50
ISSN: 0952-7907 CODEN: COAEE2
CY United Kingdom
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Ambulatory surgery has come to the fore in recent years, guided by the twin forces of healthcare economics and pharmacological innovations. In this review the authors will focus on .alpha.2-adrenergic agonists, a new class of sedative/analgesic agents and their possible application for conscious sedation in the ambulatory care setting. To put the .alpha.2-agonists into clinical context, we will discuss the currently available agents for general anaesthesia as well as for conscious sedation and their respective drawbacks. Thereafter we will compare and contrast the use of .alpha.2-agonists with clinically available agents, and speculate as to the direction this field is likely to take in the future. (C) 2000 Lippincott Williams and Wilkins.

L93 ANSWER 30 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000335152 EMBASE
TI Post-operative management following major vascular surgery.
AU De Bels D.; Corait P.
CS Dr. D. De Bels, Department of Anesthesiology, Pitie-Salpetriere, 47-83 Boulevard de l' Hopital, 75561 Paris Cedex, France
SO Bailliere's Best Practice and Research in Clinical Anaesthesiology, (2000) 14/1 (209-223).
Refs: 59
ISSN: 1521-6896 CODEN: BBPAFW
CY United Kingdom
DT Journal; General Review
FS 037 Drug Literature Index

018 Cardiovascular Diseases and Cardiovascular Surgery
015 Chest Diseases, Thoracic Surgery and Tuberculosis
028 Urology and Nephrology
030 Pharmacology
038 Adverse Reactions Titles
017 Public Health, Social Medicine and Epidemiology
025 Hematology
024 Anesthesiology

LA English
SL English
AB Literature has provided proof of the high complication rate in major vascular surgery. The post-operative metabolic stress includes a circulatory response and coagulation disorders, mainly hypercoagulability. Major cardiac complications include heart failure and acute coronary insufficiency, which can be best diagnosed by troponine Ic. Non-cardiac complications essentially damage the lungs and the kidneys. Post-operative management will be aimed at controlling post-operative stress by preventing hypothermia and providing adequate sedation and effective analgesia. Control of post-operative hypertension is mandatory. The use of prophylactic cardiovascular agents, such as .beta.-adrenergic antagonists or .alpha.2-adrenergic agonists, permits a better control of sympathetic tone and its circulatory effects.

L93 ANSWER 31 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000336130 EMBASE
TI Part II. Recommendations for interventional radiologists.
AU Venneman I.; Lamy M.
CS Dr. I. Venneman, Dept. Anesthesiology/Intensive Care, University Hospital Sart Tilman, B-4000 Liege, Belgium
SO Journal Belge de Radiologie, (2000) 83/3 (116-120).
Refs: 9
ISSN: 0021-7646 CODEN: JBRAAN
CY Belgium
DT Journal; Article
FS 014 Radiology
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Benzodiazepines are given orally as a premedication before an interventional radiological procedure. Local analgesia is achieved by drugs such as lidocaine, bupivacaine or ropivacaine. General analgesia is obtained by non opioid analgesics and opioid narcotics. For intravenous sedation, benzodiazepines such as ketamine or propofol should be administered under the supervision of an anesthesiologist. A preprocedure consultation with the anesthesiologist is recommended. Monitoring equipments, drugs and nursing staff assistance should be provided in the interventional suite. Vital signs should be monitored for several hours until patient's discharge. Close collaboration between anesthesiologists and interventional radiologists is a prerequisite for achieving high standard sedation and analgesia.

L93 ANSWER 32 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000376577 EMBASE

TI Sedative/analgesic - dexmedetomidine.
SO Manufacturing Chemist, (2000) 71/10 (39).
Refs: 4
ISSN: 0262-4230 CODEN: MCHMDI
CY United Kingdom
DT Journal; Note
FS 030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L93 ANSWER 33 OF 136 MEDLINE on STN
AN 2002153305 MEDLINE
DN 21883389 PubMed ID: 11885465
TI Effect of photic stimuli on rat salivary glands. Role of sympathetic nervous system.
AU Bellavia S; Gallara R
CS Biological Chemistry Departments, Faculty of Medicine and Faculty of Dentistry, University of Cordoba, Argentina.. sbellavia@biomed.uncor.edu
SO ACTA ODONTOLOGICA LATINOAMERICANA, (2000) 13 (1) 3-19. Ref: 75
Journal code: 8610218. ISSN: 0326-4815.
CY Argentina
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Dental Journals
EM 200203
ED Entered STN: 20020312
Last Updated on STN: 20020403
Entered Medline: 20020327
AB Saliva secretion during feeding facilitates chewing, swallowing and other oral functions. Between meals, a "resting saliva" is elicited to allow speaking and contribute to maintain soft and hard tissues health. Chewing is the main stimulus for "stimulated saliva" secretion. Mouth dryness and other less well known stimuli control "resting saliva". In humans the stimulus of the light increases the parotid saliva flow rate. Saliva secretion occurs in response to a reflex. Both motor branches of the autonomous nervous system drive efferent outputs to the salivary glands. Cellular bodies of sympathetic motor fibers innervating salivary glands are located in the superior cervical ganglia. A multisynaptic pathway couples the superior cervical ganglia to hypothalamic areas related to the control of autonomous and endocrine functions. Projections from suprachiasmatic nuclei involved in circadian rhythms control reach those areas. Salivary glands postsynaptic beta-adrenoceptors control synthesis and secretion of proteins. Postsynaptic alpha 2-adrenoceptors modulate salivary responses mediated by alpha 1 and beta-adrenoceptors. Parotid alpha-amylase circadian rhythm in suckling rats, suggest that the sympathetic nervous system mediates an effect of light on saliva secretion. Analysis of: 1) parotid fine structure, 2) submandibular secretory response to adrenergic agonists, and 3) submandibular 3H-**clonidine** binding to alpha 2-adrenoceptors, demonstrated that an increase of sympathetic reflex activity occurs in salivary glands of rats chronically exposed to constant light. Similar effects were observed in rats chronically exposed to immobilization stress. Catecholamine biosynthetic enzyme mRNA levels in adrenal glands and superior cervical

ganglia suggest that changes induced by light on salivary sympathetic reflex activity are mediated by plasma catecholamines released by adrenal glands. Post and presynaptic alpha 2 adrenoceptors could play an important role in saliva secretion control when light or stress stimuli modify the sympathoadrenal system.

L93 ANSWER 34 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2000:738926 HCAPLUS
DN 133:261531
TI Clofelin for carrying out **anesthesia** premedication
IN Malyshev, Yu. P.; Zabolotskikh, I. B.
PA Russia
SO Russ.
From: Izobreteniya 1999, (35), 164.
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI RU 2142736	C1	19991220	RU 1996-118579	19960918
PRAI RU 1996-118579		19960918		

AB Title only translated.

L93 ANSWER 35 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2000:610670 HCAPLUS
DN 133:159952
TI Method of balanced regional **anesthesia**
IN Shelokhovich, Yu. V.
PA Gosudarstvennyi Nauchno-Klinicheskii Tsentr Okhrany Zdorov'ya Shakhterov, Russia
SO Russ.
From: Izobreteniya 1999, (24), 202.
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI RU 2135222	C1	19990827	RU 1996-109025	19960505
PRAI RU 1996-109025		19960505		

AB Title only translated.

L93 ANSWER 36 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2000:150148 HCAPLUS
DN 133:53547
TI Study of monoamines and acidergic mechanisms of the rat caudate nucleus in antiaversive effects of **tranquilizers** in different states of anxiety.
AU Talalaenko, A. N.; Gordienko, D. V.; Markova, O. P.
CS Gorky Medical University, Donetsk, 340003, Ukraine
SO Rossiiskii Fiziologicheskii Zhurnal imeni I. M. Sechenova (1999), 85(8), 1043-1050
CODEN: RFZSFY; ISSN: 1029-595X
PB Nauka
DT Journal
LA Russian

AB Administration of anxio-**sedative** drugs into the rat caudate nucleus revealed that the antiaversive effects of chlordiazepide, phenibut, and indoter only occurred under dominating fear motivation, whereas antiaversive effects of campirone and campironine occurred under the influence of neg. or stressful zoo-social actions and are realized via the GABA- and serotoninergic type of synaptic switching in the dorsal part of the caudate nucleus.

L93 ANSWER 37 OF 136 MEDLINE on STN
AN 2000275241 MEDLINE
DN 20275241 PubMed ID: 10817540
TI Pharmacological profile of reboxetine, a representative of new class of antidepressant drugs, selective noradrenaline reuptake inhibitor (NARI), given acutely.
AU Rogoz Z; Wrobel A; Krasicka-Domka M; Maj J
CS Department of Pharmacology, Institute of Pharmacology, Polish Academy of Sciences, Krakow.
SO POLISH JOURNAL OF PHARMACOLOGY, (1999 Sep-Oct) 51 (5) 399-404.
Journal code: 9313882. ISSN: 1230-6002.
CY Poland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 200006
ED Entered STN: 20000622
Last Updated on STN: 20000622
Entered Medline: 20000612
AB Pharmacological effects of acute treatment with reboxetine (REB), a clinically active antidepressant (a noradrenaline reuptake inhibitor without any affinity for neurotransmitter receptors), were studied in mice and rats. REB inhibited the reserpine- or apomorphine-induced hypothermia in mice. It reduced the immobility time in Porsolt's test in mice and rats, but it did not change the locomotor activity in mice and rats. REB changed neither the **clonidine**-induced aggressiveness in mice nor the behavioral syndrome induced by oxotremorine in rats. The obtained results indicate that REB, given acutely, shows a pharmacological profile similar to that of tricyclic or tetracyclic noradrenaline reuptake inhibitors. In contrast to the antidepressants mentioned above, REB does not exhibit an alpha1-adrenolytic or cholinolytic activity (in vivo tests).

L93 ANSWER 38 OF 136 MEDLINE on STN
AN 1999093151 MEDLINE
DN 99093151 PubMed ID: 9877324
TI Modification of the beta- and alpha2-adrenergic sensitivity of rat submandibular glands by environmental stimuli and stress.
AU Bellavia S L; Gallara R V
CS Catedras de Quimica Biologica, Facultades de Odontologia y Ciencias Medicas, Universidad Nacional de Cordoba, Argentina..
sbellavia@biomed.fcm.unc.edu.ar
SO ARCHIVES OF ORAL BIOLOGY, (1998 Dec) 43 (12) 933-9.
Journal code: 0116711. ISSN: 0003-9969.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Dental Journals; Priority Journals; Space Life Sciences
EM 199903

ED Entered STN: 19990324
Last Updated on STN: 19990324
Entered Medline: 19990311

AB In man, the rate of resting salivary secretion can be influenced by environmental stimuli related to light dark cycles or by noxious stimuli (stressors) of psychological origin. The sympathetic branch of the autonomic nervous system and the adrenal medulla play an important part in homeostatic responses. Previous observations have shown that chronic exposure of rats to constant light promotes degranulation of parotid acini and desensitization of submandibular beta-adrenergic receptors. Now the submandibular secretory response elicited by beta- and alpha2-adrenergic agonists was studied in rats chronically exposed to environmental conditions that modified the activities of sympathetic efferents to the pineal, salivary and adrenal glands. Adult male rats were exposed to constant light (LL) or constant darkness (DD) for 20 days, or to stress (2 h daily immobilization) for 14 days. Control animals were kept under the usual lighting conditions and without immobilization. Dose response curves to isoproterenol (i.v), before and after administration (i.v.) of a dose (20 microg/kg) of **clonidine** were obtained. Beta-adrenergic desensitization was observed in all the experimental groups, while alpha2-adrenergic desensitization was only observed in the stress and LL groups. The results suggest that circulating catecholamines could mediate light and stress effects on submandibular beta-adrenergic secretory responses. Extrasynaptic alpha2-adrenoceptors might modulate the submandibular secretory response when predictable environmental stimuli (daily light phase) or unpredictable stressors raise the concentrations of circulating catecholamines.

L93 ANSWER 39 OF 136 MEDLINE on STN
AN 1999010234 MEDLINE
DN 99010234 PubMed ID: 9793819
TI Oral **clonidine** for sedation and analgesia in a burn patient.
AU Kariya N; Shindoh M; Nishi S; Yukioka H; Asada A
CS Department of Anesthesiology and Intensive Care Medicine, Osaka City University Medical School, Japan.
SO JOURNAL OF CLINICAL ANESTHESIA, (1998 Sep) 10 (6) 514-7.
Journal code: 8812166. ISSN: 0952-8180.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199812
ED Entered STN: 19990115
Last Updated on STN: 19990115
Entered Medline: 19981223

AB **Clonidine** has both analgesic and sedative actions, and it has been used in a variety of settings as a sedative, or both. We administered oral **clonidine** with intravenous ketamine to a burn patient to control severe pain. **Clonidine** produced good analgesia and sedation. In addition, **clonidine** counterbalanced the sympathetic stimulation of ketamine by virtue of its action in reducing sympathetic outflow. The combination of these two drugs may be useful for burn patients with hypertension or myocardial ischemia.

L93 ANSWER 40 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1998332073 EMBASE

TI Sedation and paralysis in mechanical ventilation.
AU Tuxen D.V.
CS Dr. D.V. Tuxen, Intensive Care and Hyperbaric Med., Alfred Hospital, Commercial Road, Prahran, Vic. 3181, Australia. tux@ozemail.com.au
SO Clinical Pulmonary Medicine, (1998) 5/5 (314-328).
Refs: 100
ISSN: 1068-0640 CODEN: CPMEF2
CY United States
DT Journal; General Review
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Sedatives and analgesics may provide comfort, relief from anxiety and pain, amnesia, ventilator tolerance, and improvements in lung function, circulatory stability, and intracranial pressure control. Neuromuscular blocking agents may assist some of the latter effects. However, these agents may also accumulate, cause tolerance, dependence, and withdrawal syndromes, circulatory, respiratory, and immune depression, muscle wasting and injury, and unwanted effects from immobility. For these reasons, the goals of sedation, the choice of drugs, and method of administration should be carefully assessed. Each drug should be carefully titrated to the optimal clinical end point, with regular reassessment of both desired and unwanted effects and dose alteration accordingly. Benzodiazepines and opiates remain the most commonly used agents. Propofol has distinct advantages under some circumstances. Use of neuromuscular blocking agents should be minimized and used only for specific indications.

L93 ANSWER 41 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1998241366 EMBASE
TI Management of withdrawal syndromes and relapse prevention in drug and alcohol dependence.
AU Miller N.S.; Gold M.S.
CS Dr. N.S. Miller, University of Illinois, Department of Psychiatry (MC 913), 912 S. Wood Street, Chicago, IL 60612-7327, United States
SO American Family Physician, (1998) 58/1 (139-146).
Refs: 23
ISSN: 0002-838X CODEN: AFPYAE
CY United States
DT Journal; Article
FS 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
040 Drug Dependence, Alcohol Abuse and Alcoholism
LA English
SL English
AB The primary care physician is in a good position to diagnose, manage and intervene with patients who are undergoing the process of treatment and recovery from alcohol and drug disorders. Medications such as benzodiazepines are effective in the treatment of withdrawal syndromes, and naltrexone and disulfiram can be used to augment relapse prevention. Patients may also participate in psychosocial methods of addiction treatment that can reduce the risk of relapse and improve their psychosocial, health, legal and employment status.

L93 ANSWER 42 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:808851 HCAPLUS
DN 130:177330
TI Experimental study of the effect of proxodolol and nibentan on some CNS functions
AU Andreeva, N. I.; Asnina, V. V.; Golovina, S. M.; Yuzhakov, S. D.
CS TSKHLS, VNIKHFI, Moscow, Russia
SO Khimiko-Farmatsevticheskii Zhurnal (1998), 32(9), 3-4
CODEN: KHFZAN; ISSN: 0023-1134
PB Izdatel'stvo Folium
DT Journal
LA Russian
AB The effects of .beta.-adrenoblocker proxodolol and antiarrhythmic agent nibentan on CNS were evaluated in expts. on mice. In addn., the interactions of proxodolol, nibentan, and clofelin with ethanol were studied, to evaluate the advantage of proxodolol vs. clofelin in treatment of acute hypertensive crisis.

L93 ANSWER 43 OF 136 MEDLINE on STN
AN 1998272472 MEDLINE
DN 98272472 PubMed ID: 9610916
TI Opiate agonist-induced changes in behavioral sensitivity to **clonidine** are observed in perinatally malnourished rats exposed to chronic stress.
AU Keller E A; Rey A; Gutierrez A C; Cancela L M
CS Departamento de Farmacologia, Facultad de Ciencias Quimicas, Universidad Nacional de Cordoba, Argentina.
SO PHARMACOLOGY, BIOCHEMISTRY AND BEHAVIOR, (1998 May) 60 (1) 1-5.
Journal code: 0367050. ISSN: 0091-3057.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199807
ED Entered STN: 19980811
Last Updated on STN: 19980811
Entered Medline: 19980727
AB Sensitivity of alpha2-adrenoceptors following repeated immobilization sessions plus morphine (MOR) or beta-endorphin (BETA) was assayed by examining **clonidine** (CLO)-induced hypoactivity in adult malnourished rats at perinatal age. As previously described, chronic restraint did not attenuate the hypoactivity elicited by CLO in malnourished rats, although chronic restraint did have such an effect on motor activity in control animals. MOR and BETA administration prior to each restraint session induced subsensitivity of alpha2-adrenoceptors in malnourished rats as determined by a blunted response to **clonidine** challenge. An injection of naloxone (NAL) prior to BETA before each stress session fully antagonized the subsensitivity to **clonidine** observed in malnourished animals. A possible deficiency in the functional role of the opiate system in the process of adaptation to chronic stress in perinatal malnourished rats is suggested.

L93 ANSWER 44 OF 136 MEDLINE on STN
AN 97409732 MEDLINE
DN 97409732 PubMed ID: 9264078
TI Alpha 2-adrenoceptor agonists and stress-induced analgesia in rats:

influence of stressors and methods of analysis.
AU De Kock M; Meert T F
CS Department of Anesthesiology, Cliniques Universitaires Saint-Luc, Brussels, Belgium.
SO PHARMACOLOGY, BIOCHEMISTRY AND BEHAVIOR, (1997 Sep) 58 (1) 109-17. Journal code: 0367050. ISSN: 0091-3057.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 199709
ED Entered STN: 19971013
Last Updated on STN: 20000303
Entered Medline: 19970930
AB The present experiments were designed to investigate the role of housing and handling conditions during testing, as well as data analysis, on the outcome of antinociceptive testing of alpha 2-adrenoceptor agonists, fentanyl, and a high dose of chlordiazepoxide in the tail withdrawal reaction test (TWR test) in rats. Dose-response curve data were obtained with fentanyl, **clonidine**, xylazine, dexmedetomidine, and 40.00 mg/kg chlordiazepoxide and were compared under normal TWR test conditions and during immobilization or immobilization with continuous painful stimulation. Data were analyzed in terms of all-or-none criteria as well as percentage maximum possible effect (%MPE) analysis over the total measurement period or at any specific time point during testing. The results indicate that stress, induced by immobilization and immobilization with long-term-applied paw pressure, unmasked possible antinociceptive properties of the various alpha 2-adrenoceptor agonists and potentiated the effects of fentanyl. Stress also unmasked the positive effects of benzodiazepines. The manner of data analysis was shown to significantly affect the outcome measured in stress and nonstress conditions. The MPE analysis, particularly at one time point, appeared much more sensitive than the all-or-none criteria. The data indicate that the housing and handling conditions of animals during testing, together with data analysis, may affect the outcome of different classes of compounds in the TWR test, and this knowledge may help control for false positive results.

L93 ANSWER 45 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:85855 HCAPLUS
DN 128:226079
TI Neurochemical profile of septal nucleus accumbens in anxiolytic effect of **tranquilizers** in various anxiety models
AU Talalaenko, A. N.; Panfilov, V. Yu.; Vozdigan, S. A.; Pokramovich, A. I.; Markova, O. P.; Okhrim enko, S. V.
CS M. Gorky Medical University, Donetsk, 340003, Ukraine
SO Eksperimental'naya i Klinicheskaya Farmakologiya (1997), 60(4), 7-9 CODEN: EKFAE9; ISSN: 0869-2092
PB Izdatel'stvo Folium
DT Journal
LA Russian
AB In expts. on rats with tests for avoidance of an "illuminated area" and a "threatening situation", microinjection into the septal nucleus accumbens of monoamines and GABA, adreno- and dopaminomimetics, and their antagonists demonstrated a different neurochem. profile of this brain structure in anxiety states of different genesis. Local injections of chlordiazepoxide, fenibut, indoter, campirone, and campironine into the nucleus weakened the alarm in the test for avoidance of an "illuminated

area" and/or a "threatening situation, showing a similarity to the effects of GABA and serotonin but not to those of mesaton (phenylephrine hydrochloride) and dopamine. It is concluded that the antialarm effect of benzodiazepine and nonbenzodiazepine anxiolytics may be mediated by switching into action of neuron matrixes of the accumbens nucleus with a different neurochem. profile responsible for the operative control of behavior in changed modality of the aversive stimulus.

L93 ANSWER 46 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1997:356651 BIOSIS
DN PREV199799663054
TI Effect of proxodolol and other adrenergic blockers on the pharmacological effects of clofelin.
AU Mashkovskii, M. D.; Kulinskii, V. I.; Parshin, V. A.; Medvedeva, T. N.; Yuzhakov, S. D.
CS Cent. Drug Chem., All-Russ. Chem. Pharm. Res. Inst., Moscow, Russia
SO Khimiko-Farmatsevticheskii Zhurnal, (1997) Vol. 31, No. 4, pp. 3-5.
CODEN: KHFZAN. ISSN: 0023-1134.
DT Article
LA Russian
ED Entered STN: 25 Aug 1997
Last Updated on STN: 25 Aug 1997

L93 ANSWER 47 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1997:18181 HCAPLUS
DN 126:42689
TI Fentanil and clofelin for stabilization of brain perfusion pressure during preanesthesia in patients with intracranial hypertension
IN Kondratev, Anatolij N.; Tigliev, Georgij S.; Bersnev, Valerij P.; Savvina, Irina A.; Legeza, Dmitrij V.
PA Leningradskij Nauchno-Issledovatelskij Nejrokhirurgicheskij Institut Im.Prof.A.L.Polenova, Russia
SO Russ.
From: Izobreteniya 1996, (12), 145.
CODEN: RUXXE7
DT Patent
LA Russian
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
RU 2058796	C1	19960427	RU 1992-5060209	19920721

PRAI SU 1992-5060209 19920721
AB Title only translated.

L93 ANSWER 48 OF 136 MEDLINE on STN DUPLICATE 2
AN 97062312 MEDLINE
DN 97062312 PubMed ID: 8906060
TI **Clonidine** prophylaxis for narcotic and sedative withdrawal syndrome following laryngotracheal reconstruction.
AU Deutsch E S; Nadkarni V M
CS Department of Otorhinoloryngology and Bronchoesophagology, Temple University School of Medicine, Philadelphia, Pa, USA.
SO ARCHIVES OF OTOLARYNGOLOGY -- HEAD AND NECK SURGERY, (1996 Nov) 122 (11) 1234-8.
Journal code: 8603209. ISSN: 0886-4470.
CY United States
DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199612
ED Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19961204
AB OBJECTIVE: To determine the efficacy of transdermal **clonidine** hydrochloride for prophylaxis of withdrawal syndromes that are common following more than 7 days of deep sedation after single-stage laryngotracheal reconstruction (LTR) surgery. DESIGN: Consecutive case series. SETTING: Pediatric intensive care unit at tertiary care referral center, university-affiliated children's hospital. PATIENTS: Ten consecutive patients who had undergone single-stage LTR and received sedation with a combination of narcotics and benzodiazepines. INTERVENTIONS: A sustained release transdermal **clonidine** hydrochloride patch (50-100 micrograms/d; mean, 5.8 micrograms/kg per day; range, 4.2-8.5 micrograms/kg per day) was applied to 8 consecutive patients before discontinuation of sedative infusions and elective extubation. Physicians continued to treat patients for withdrawal symptoms, if seen, at their discretion. MAIN OUTCOME MEASURES: Seventeen characteristic narcotic and sedative withdrawal symptoms recorded at baseline and serially for at least 48 hours following discontinuation of deep sedation. RESULTS: No severe symptoms of narcotic or sedative withdrawal (seizure, choreoathetosis, tremors, or dehydration) were seen in any patient during treatment with **clonidine**. Not more than 2 minor withdrawal symptoms (lethargy and respiratory rate > 40 breaths/min) occurred simultaneously during treatment with **clonidine** in any patient. Two of 8 patients had **clonidine** patches removed prematurely. Both patients experienced withdrawal symptoms within hours, and these symptoms subsided in the 1 patient whose **clonidine** patch was reinstituted. No significant sustained side effects, bradycardia, or dysrhythmia necessitated discontinuation of **clonidine** therapy, and no rebound withdrawal was seen with routine discontinuation of **clonidine** after 7 days of therapy. CONCLUSIONS: Transdermal **clonidine** prophylaxis may be a safe and efficacious adjunct to prevent withdrawal symptoms in pediatric patients who have undergone single-stage LTR. Use of a validated withdrawal symptom scoring tool is indicated for patients undergoing single-stage LTR and requiring prolonged, deep sedation in the pediatric intensive care unit.

L93 ANSWER 49 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 96362068 EMBASE
DN 1996362068
TI Sedation in acute and chronic agitation.
AU Levy R.H.
CS Bellevue Hospital Center, New York Univ. School of Medicine,New York, NY 10016, United States
SO Pharmacotherapy, (1996) 16/6 II (152S-159S).
ISSN: 0277-0008 CODEN: PHPYDQ
CY United States
DT Journal; General Review
FS 030 Pharmacology
032 Psychiatry
037 Drug Literature Index

038 Adverse Reactions Titles
LA English
SL English
AB Agitation is a nonspecific constellation of symptoms seen in a variety of psychiatric disorders, ranging from psychotic exacerbations in patients with schizophrenia to behavioral disturbances associated with organic factors. Its treatment must be individualized and based on the etiology of the psychomotor disturbance. Certain categories of drugs are broadly effective. Sedation and control of disruptive and dangerous behavior are the initial goals in stabilizing acutely agitated patients. Sedation is necessary during the lag period before antipsychotic and mood-stabilizing drugs take effect. Barbiturates and chlorpromazine, initially given to control agitated behavior, are largely supplanted by higher-potency antipsychotics, benzodiazepines, and, recently, a combination of these two agents. Agitation is generally controlled within hours to days, whereas remission of affective or psychotic symptoms often requires weeks to months. Once remission is obtained, sedation is no longer desired and may be a barrier to optimal patient function and compliance. Thus, for long-term treatment, strategies are used to minimize sedation, such as reducing dosages, changing administration to bedtime, or adding antidepressants or stimulants where appropriate.

L93 ANSWER 50 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 96000311 EMBASE
DN 1996000311
TI Sedation for the critically ill neurologic patient.
AU Mirski M.A.; Muffelman B.; Ulatowski J.A.; Hanley D.F.
CS Anesthesiology/Crit. Care Med. Dept., Meyer 8-134, Johns Hopkins University, 600 N. Wolfe Street,Baltimore, MD 21287-7834, United States
SO Critical Care Medicine, (1995) 23/12 (2038-2053).
ISSN: 0090-3493 CODEN: CCMDC7
CY United States
DT Journal; Article
FS 008 Neurology and Neurosurgery
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Objective: To review the scientific basis for sedation of critically ill neurologic patients by summarizing the distinct neurophysiologic disturbances present in this population and presenting the central nervous system effects of sedative agents to permit optimal drug therapy. Data Sources: Review of the English language clinical and scientific literature using MEDline data search. Study Selection: Literature references were selected through a key word search of sedative therapy, drugs used for sedation, and specific neurologic disorders and processes to provide an in-depth overview of sedative drug mechanisms of action, effects on neurophysiology and intracranial dynamics, pharmacokinetics, and toxicity profile. Special emphasis was placed on neurologic side effects. Data Extraction: Clinical and scientific literature was reviewed and data relevant to neurophysiologic effects of sedative drug therapy were summarized. Recommendations for institution of sedative therapy and of particular agents were made as a result of analysis of all pooled data. Data Synthesis: Critically ill patients with neurologic pathology present as a unique subset of individuals cared for in an acute care setting.

Because monitoring of neurologic patients requires frequent assessment of the neurologic examination, the goal of sedative therapy should he to enhance, or to minimally perturb elicitation of the examination. Neurophysiologic disturbances introduce distinct risks for sedation and require their identification and understanding before the initiation of any sedative therapy. Sedative drugs, in particular, act to disturb central nervous system function and their effects may result in diagnostic confusion and further neurologic deterioration. The pharmacokinetic and neurophysiologic actions of the common classes of sedative agents, such as benzodiazepines, opioids, barbiturates, and neuroleptics, as well as ketamine, propofol, and clonidine are discussed. Recommendations are presented based on the specific type of sedation required and the underlying neurologic disturbance. Several specific examples, including head trauma, neuromuscular disease, and alcohol withdrawal, are provided. Conclusions: Preservation of the neurologic examination is paramount in documenting clinical improvement or deterioration in the critically ill neurologic patient. Pharmacologic sedation in this unique population of acute care patients requires careful consideration of the underlying neurophysiologic disturbances and potential adverse effects introduced by sedative drugs.

L93 ANSWER 51 OF 136 MEDLINE on STN
AN 96380951 MEDLINE
DN 96380951 PubMed ID: 8788964
TI Effects of immobilization stress on hippocampal monoamine release: modification by mivazerol, a new alpha 2-adrenoceptor agonist.
AU Zhang X; Kindel G H; Wulfert E; Hanin I
CS Department of Pharmacology and Experimental Therapeutics, Loyola University Chicago, Maywood, IL 60153, USA.
SO NEUROPHARMACOLOGY, (1995 Dec) 34 (12) 1661-72.
Journal code: 0236217. ISSN: 0028-3908.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 199610
ED Entered STN: 19961106
Last Updated on STN: 19961106
Entered Medline: 19961023
AB Mivazerol is a new and selective alpha 2-adrenoceptor agonist which has demonstrated anti-ischemic effects, both in animals and in patients with myocardial ischemia. In the present study, mivazerol was evaluated for its ability to inhibit the release of catecholamines and serotonin (5-HT) in the hippocampus of freely moving rats, and also was compared to **clonidine**. In vivo microdialysis in combination with high-performance liquid chromatography (HPLC) was employed. Intravenous administration of mivazerol (8.0 micrograms/kg) had no effect on basal outflow of norepinephrine (NE), dopamine (DA) and 3,4-dihydroxyphenylacetic acid (DOPAC). In contrast, **clonidine** (8.5 micrograms/kg, i.v.) attenuated the basal release of DOPAC, which has been proposed to reflect NE biosynthesis, suggesting that **clonidine** has an inhibitory effect on NE synthesis. In addition, both mivazerol and **clonidine** decreased the spontaneous release of 5-HT, which provided further evidence that alpha 2-adrenoceptors in the hippocampus modulate 5-HT. Sixty-min immobilization stress significantly increased the release of NE (177 +/- 28%), DA (209 +/- 46%) and DOPAC (337 +/- 72%). Mivazerol (2.5, 8.0 and 25 micrograms/kg, i.v.) completely prevented the

immobilization stress-induced enhancement of NE, DA and DOPAC, which was equi-effective to **clonidine** at a dose of 8.5 micrograms/kg, i.v. These findings demonstrate that mivazerol has a profound modulatory effect on stress-induced neurotransmitter release in the hippocampus, at dose levels reported to protect against myocardial ischemia.

L93 ANSWER 52 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 95294419 EMBASE
DN 1995294419
TI Psychopharmacology in child and adolescent psychiatry: A review of the past seven years. Part II.
AU Campbell M.; Cueva J.E.
CS Department of Psychiatry, New York University Medical Center, 550 First Avenue,New York, NY 10016, United States
SO Journal of the American Academy of Child and Adolescent Psychiatry, (1995) 34/10 (1262-1272).
ISSN: 0890-8567 CODEN: JAAPEE
CY United States
DT Journal; Article
FS 007 Pediatrics and Pediatric Surgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Objective: To present a critical overview of the selected literature published in the past 7 years on the efficacy and safety of psychoactive agents in conduct disorder, schizophrenia, separation anxiety disorder, selective mutism, obsessive-compulsive disorder, panic disorder, major depressive disorder, bipolar disorder, and sleep and eating disorders. Method: Reports of double-blind and placebo-controlled trials and open studies were reviewed and selected studies presented. Results: Employment of larger samples of diagnostically homogeneous patients and a more sophisticated design and methodology led to progress in the treatment of most of these conditions. Data have been accumulated on dose range and safety of lithium in this age group, and there is supportive evidence that lithium is useful in reducing aggression. Conclusions: For a rational treatment approach, further studies are needed, particularly in depression and conduct disorder; psychosocial-environmental contributions and possible biological markers should be investigated in order to identify children who require psychopharmacological treatments and those who will respond to psychosocial interventions or the combination of both. Symptoms targeted to require pharmacotherapy and symptoms targeted to respond to psychosocial interventions have to be identified.

L93 ANSWER 53 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 95314449 EMBASE
DN 1995314449
TI Advantages and disadvantages of combining sedative agents.
AU Stoltzfus D.P.
CS Department of Anesthesiology, J. Hillis Miller Health Center, Univ. of Florida Coll. of Medicine,Gainesville, FL 32610-0254, United States
SO Critical Care Clinics, (1995) 11/4 (903-912).
ISSN: 0749-0704 CODEN: CCCLEH
CY United States

DT Journal; General Review
FS 006 Internal Medicine
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB One advantage of combination sedative therapy is the use of small doses of agents from different drug classes to treat concomitant behavioral problems. The simultaneous use of multiple sedative agents results in the need for new clinical decisions regarding the administration of and weaning from the pharmacologic effects of these drugs. This article reviews the current status of research regarding combination sedative therapy.

L93 ANSWER 54 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 96003705 EMBASE
DN 1996003705
TI [Influence of sedation on pulmonary function].
EINFLUSS DER SEDIERUNG AUF DIE PULMONALE FUNKTION.
AU Wiedemann K.; Diestelhorst C.
CS Thoraxklinik, LVA Baden, Abt. fur Anaesthesiol./Intensivmed., Amalienstrasse 5,D-69126 Heidelberg, Germany
SO Anaesthesist, (1995) 44/SUPPL. 3 (S588-S593).
ISSN: 0003-2417 CODEN: ANATAE
CY Germany
DT Journal; General Review
FS 002 Physiology
015 Chest Diseases, Thoracic Surgery and Tuberculosis
024 Anesthesiology
030 Pharmacology
037 Drug Literature Index
LA German
SL German; English
AB Opioids, benzodiazepines and hypnotics all affect central respiratory drive, muscular activity of the oropharynx, thoracic wall and diaphragm, bronchomotor tone and pulmonary vascular resistance (PVR), and may thus influence respiratory function during sedation and weaning. Opioids and benzodiazepines will attenuate hypercapnic and hypoxic stimulation of the respiratory centres. Compromise of respiratory drive must also be anticipated with ketamine, in view of recent evidence contradicting earlier findings of central respiratory stimulation. Coordinated muscular activity of the oropharynx is important for airway patency. Since this mechanism is impaired more by benzodiazepines than by ketamine the latter may be advantageous during weaning. Respiratory frequency and tidal volume are both diminished by opioids, benzodiazepines and propofol. The differential impact on intercostal and diaphragmatic muscle activity may prove important in COPD and emphysema. With ketamine spontaneous respiration is increased. Gas distribution and airway pressures are influenced by bronchomotor tone. Bronchodilator effects are well known to arise with ketamine, but have also been demonstrated with benzodiazepines, propofol and some opioids. PVR is a critical factor in respiratory insufficiency. An increase in PVR with ketamine has been found during spontaneous respiration. Since evidence for pulmonary vasodilation during controlled ventilation has been recorded in humans and in vitro experiments, sedation regimens applied in respiratory insufficiency can

also include ketamine.

L93 ANSWER 55 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 96003702 EMBASE
DN 1996003702
TI [Effects of analgesia and sedation on cerebral blood flow, cerebral blood volume, cerebral metabolism and intracranial pressure].
AUSWIRKUNGEN VON ANALGOSEDIERUNG AUF HIRNDURCHBLUTUNG, ZEREBRALES BLUTVOLUMEN, HIRNSTOFFWECHSEL UND INTRAKRANIELLEN DRUCK.
AU Werner C.
CS Institute fur Anaesthesiologie, Technische Universitat, Klinikum rechts der Isar, Ismaninger Strasse 22,D-81675 Munchen, Germany
SO Anaesthesist, (1995) 44/SUPPL. 3 (S566-S572).
ISSN: 0003-2417 CODEN: ANATAE
CY Germany
DT Journal; General Review
FS 002 Physiology
024 Anesthesiology
030 Pharmacology
037 Drug Literature Index
LA German
SL German; English
AB Cerebral blood flow autoregulation, CO2 reactivity and the pressure-volume relationship may be impaired or abolished in patients with intracranial mass lesions, brain trauma, cerebral vasospasm or increased cerebral elastance. Sedatives, analgetics, and anesthetics may induce major changes in cerebral blood flow, cerebral metabolism and intracranial pressure (ICP). The inadequate use of these drugs may aggravate the preexisting intracranial pathology and may worsen outcome. Thus it is important to understand the effects of sedatives, analgetics, and anaesthetics on intracranial hemodynamics and metabolism during physiological and pathological conditions. Hypnotics (barbiturates, etomidate, propofol), benzodiazepines, opioids (fentanyl, alfentanil, sufentanil) and alpha-2-adrenergic agonists (clonidine, dexmedetomidine) reduce cerebral blood flow. With ketamine, cerebral blood flow changes in a regionally specific fashion, with some territories showing increases and others showing decreases in cerebral blood flow. Cerebral metabolism is decreased during sedation and analgesia with hypnotics, benzodiazepines, and opioids, while infusion of ketamine produces stimulation as well as suppression of cerebral metabolism. This suggests that the changes in cerebral blood flow seen with these drugs occur secondary to their cerebral metabolic effects. Alpha-2-adrenergic agonists produce no significant changes in cerebral metabolism. However, cerebral blood flow is decreased with clonidine or dexmedetomidine. This suggests uncoupling between cerebral metabolism and flow due to decreases in central catecholamine turnover. Hypnotics and benzodiazepines decrease ICP due to decreases in cerebral blood volume. However, these drugs may also decrease mean arterial blood pressure, which may result in a critical reduction in cerebral perfusion pressure. ICP remains unchanged with the use of opioids as long as mean arterial pressure is maintained constant. However, decreases in mean arterial pressure during infusion of opioids induce autoregulatory cerebral vasodilation, which in turn increases cerebral blood volume and ICP. Ketamine may increase ICP specifically in subjects with spontaneous ventilation. With mechanical hyperventilation and constant systemic hemodynamics, ketamine fails to increase ICP in most of the patients. Alpha-2-adrenergic agonists produce no significant changes

in ICP, although there may be a transient decrease in ICP with lower doses.

L93 ANSWER 56 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1995:877519 HCAPLUS
DN 123:329841
TI Induced hibernation by .alpha.2-adrenoceptor agonists
AU Naftchi, N. Eric
CS Laboratory Biochemical Pharmacology, New York University Medical Center, New York, NY, 10016, USA
SO Annals of the New York Academy of Sciences (1995), 757(Diversity of Interacting Receptors), 272-4
CODEN: ANYAA9; ISSN: 0077-8923
PB New York Academy of Sciences
DT Journal
LA English
AB Guanabenz acetate, clonidine, pentobarbital, ketamine, diazepam, and combinations of guanabenz with diazepam or pentobarbital were compared in the rat for their effect on core temp. and behavior. The obsd. induced state of **anesthesia** and deep hypothermia mimicked hibernation.

L93 ANSWER 57 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 95094000 EMBASE
DN 1995094000
TI Neurosurgical treatment of Tourette's syndrome: A critical review.
AU Rauch S.L.; Baer L.; Cosgrove G.R.; Jenike M.A.
CS OCD Unit, Department of Psychiatry, Massachusetts General Hospital-East, 149 Thirteenth St,Charlestown, MA 02129, United States
SO Comprehensive Psychiatry, (1995) 36/2 (141-156).
ISSN: 0010-440X CODEN: COPYAV
CY United States
DT Journal; General Review
FS 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB Some patients with Tourette's syndrome (TS) remain disabled despite conventional treatment. Recently, neurosurgical procedures have been reported to be potentially effective interventions for such intractable cases. Clinicians are now being asked to make recommendations to patients about these candidate operations. This review explores the reported experience with neurosurgical treatment of TS to assess critically the evidence regarding risks and benefits. Toward that end, the rationale for the various procedures and the relevant neuroanatomy are outlined and recommendations for patient selection and management of future cases are discussed. We reviewed all available published reports on this subject and two unpublished cases, totaling 36 patients. Although a variety of operations have been used to treat TS, there is limited evidence pertaining to the risks or benefits of any surgical procedure. Neurosurgical treatment of TS remains experimental, since there is only anecdotal experience with these operations. Furthermore, there is no compelling evidence that any neurosurgical procedure is superior to all others. If these experimental neurosurgeries are to continue, guidelines should be developed regarding patient and operation selection, and interdisciplinary assessment committees should implement such guidelines

at institutions where these operations are performed. Moreover, future cases should be prospectively studied using contemporary technologies to assess lesion placement and size and validated clinical instruments to characterize patients and assess outcome, including adverse effects.

L93 ANSWER 58 OF 136 MEDLINE on STN
AN 94316908 MEDLINE
DN 94316908 PubMed ID: 8041980
TI [Oral premedication with **clonidine** in patients undergoing coronary revascularization surgery].
Premedicacion oral con clonidina en enfermos sometidos a cirugia de revascularizacion coronaria.
CM Comment on: Rev Esp Anestesiol Reanim. 1994 Mar-Apr;41(2):75-6
AU Garcia-Guiral M; Garcia del Valle S; Carrera A; Martinez M V; Arribas M J; Escarpa A
CS Servicio de Anestesiologia y Reanimacion, Hospital Puerta de Hierro, Madrid.
SO REVISTA ESPANOLA DE ANESTESIOLOGIA Y REANIMACION, (1994 Mar-Apr) 41 (2) 82-8.
Journal code: 0134516. ISSN: 0034-9356.
CY Spain
DT (CLINICAL TRIAL)
Commentary
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA Spanish
FS Priority Journals
EM 199408
ED Entered STN: 19940905
Last Updated on STN: 19940905
Entered Medline: 19940822
AB OBJECTIVES. To analyze the effect of premedication with **clonidine** on level of sedation, anesthetic requirements and hemodynamic repercussions in patients undergoing coronary revascularization. PATIENTS AND METHODS. Thirty patients were divided into two groups and randomly assigned for premedication with **clonidine** 0.005 mg/kg p.o. (C) or lorazepam 0.03 mg/kg p.o. (L), along with morphine 0.15 mg/kg i.m. and scopolamine 0.005 mg/kg i.m. in a prospective double-blind study. The level of sedation before surgery and anesthetic requirements in the two groups were compared, as were systolic and diastolic arterial pressure, heart rate and hemodynamics during and after surgery. Fentanyl was used for anesthetic induction in boluses of 0.15 mg every 10 seconds; maintenance boluses of 0.5 mg were used up to a maximum dose of 0.07 mg/kg. If hemodynamic variables analyzed (systolic and diastolic arterial pressure and heart rate) were not kept within 30% of baseline values with this regimen, isoflurane was added. RESULTS. No differences between the two groups were found for level of sedation. The total dose of fentanyl was lower in group C (0.052 +/- 0.002 mg/kg vs 0.058 +/- 0.002 mg/kg) ($p < 0.05$). The number of patients requiring isoflurane was similar (4/11 and 6/9) in both groups. The hemodynamic profile prior to extracorporeal circulation (ECC) revealed arterial pressures and heart rates to be lower in the group treated with **clonidine** ($p < 0.05$); after ECC systemic resistance in group C was lower (630 +/- 103 vs 795 +/- 106 din.s.cm-5) ($p < 0.05$) and this was not compensated for by a significant rise in cardiac index (2.62 +/- 0.09 vs 2.40 +/- 0.08 l/min/m2) at similar occlusion pressures. CONCLUSIONS. Use of **clonidine** in the type of patient studied does not improve the level of sedation over that

achieved with lorazepam. Fentanyl requirements decreased with **clonidine**. With respect to hemodynamic profile, systemic vascular resistance fell in the **clonidine** group after removal of ECC, and thus this drug offers no advantages for routine premedication.

L93 ANSWER 59 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 94376545 EMBASE
DN 1994376545
TI Pain management and sedation in the pediatric intensive care unit.
AU Tobias J.D.; Rasmussen G.E.
CS Vanderbilt University, Medical Center North T-0118,Nashville, TN 37232, United States
SO Pediatric Clinics of North America, (1994) 41/6 (1269-1292).
ISSN: 0031-3955 CODEN: PCNAA8
CY United States
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
024 Anesthesiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Several situations arise in the PICU patient that require the administration of drugs for sedation and analgesia. A 'cookbook' approach is impossible because of the diversity of patient and clinical scenarios. When amnesia is required, these authors prefer a continuous infusion of a benzodiazepine such as midazolam or lorazepam. Although the majority of clinical experience has been with midazolam, lorazepam either by bolus dose or continuous infusion offers a cost-effective alternative. When analgesia is required, the addition of a continuous infusion of narcotic or the use of a PCA device in the older patient should prove effective. Although fentanyl is frequently chosen, morphine is an effective and cost-effective alternative for patients with stable cardiovascular function. The synthetic narcotics are recommended for neonates, especially following cardiac surgical procedures and those at risk for pulmonary vasospasm. Narcotics may also be used for the treatment of agitation in those situations that **do** not necessarily require analgesia. Our clinical experience suggests that narcotics may be more effective for sedation than benzodiazepines in children less than 1 year of age. When the above agents fail to be effective or are associated with cardiovascular depression, alternatives may include ketamine or pentobarbital. Ketamine may be useful for the unstable patient or those with a bronchospastic component to their disease process. We have found pentobarbital to be effective when the combination of benzodiazepines and narcotics fails to provide the desired level of sedation. Aside from these techniques, regional anesthesia may offer a more effective means of controlling pain in the PICU patient. These techniques may be effective when parenteral narcotics are inadequate or lead to undesired effects. Although most commonly used for postoperative analgesia, their use in patients with pain from other causes (e.g., multiple trauma) may be indicated, especially when parenteral narcotics may interfere with respiratory function or the ongoing assessment of the patient's mental status.

L93 ANSWER 60 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1994:671974 HCAPLUS

DN 121:271974
TI Pharmacology and toxicology of chronically infused epidural clonidine-HCL in dogs
AU Yaksh, Tony L.; Rathbun, Michael; Jage, Juergen; Mirzai, Todd; Grafe, Marjorie; Hiles, Richard A.
CS Dep. Anesthesiology and Department of Pathology, Univ. of California, San Diego, La Jolla, CA, 92093, USA
SO Fundamental and Applied Toxicology (1994), 23(3), 319-35
CODEN: FAATDF; ISSN: 0272-0590
DT Journal
LA English
AB To evaluate the physiol. effects and toxicity of epidural clonidine-HCl, male Bagle dogs were prepd. with chronic lumbar epidural catheters and administered const. infusions of either saline (N = 10), or 80 .mu.g/h (N = 6), 200 .mu.g/h (N = 6), or 320 .mu.g/h (N = 12) clonidine.HCl at a rate of 4 mL/24 h for 28 days. Saline infusion had no effect upon any behavioral measure. Epidural clonidine produced a dose-dependent increase in thermal skin-twitch response latency (antinociception), lowering of respiration rate, heart rate, and blood pressure, and increased **sedation**. The effects were max. from approx. Day 1 to Day 3 when, with the exception of respiration which remained depressed, a progressive adaptation was obsd. over the course of the study. There were no neg. effects on body wt., body temp., motor function, bowel or bladder function, or clin. pathol. values. After 28 days of continuous infusion, the dogs were deeply anesthetized and terminated. Cisternal cerebrospinal fluid taken at termination displayed no clin. cerebrospinal fluid taken at termination displayed no clin. significant differences in protein or glucose concn. All groups, including control, had dogs which had a chronic inflammatory response in the epidural space, as represented by fibrosis, foreign .beta..omega.dy giant cells, and lymphocytes, but no spinal cord pathol. Both the steady-state plasma and CSF concns. of clonidine were proportional to the dose; the ratio of CSF to plasma concn. was approx. 0.5. The failure to see any change in CSF compn., significant cord pathol., or signs of tissue or organ toxicity emphasizes the safety of epidurally administered clonidine at infusion rates up to 320 .mu.g/h and at infusate concns. up to 2 mg/mL.

L93 ANSWER 61 OF 136 MEDLINE on STN
AN 95024410 MEDLINE
DN 95024410 PubMed ID: 7938233
TI Glucose, insulin, and open field responses to immobilization in nonobese diabetic (NOD) mice.
AU Amrani A; Chaouloff F; Mormede P; Dardenne M; Homo-Delarche F
CS CNRS URA 1461, Hopital Necker, Paris, France.
SO PHYSIOLOGY AND BEHAVIOR, (1994 Aug) 56 (2) 241-6.
Journal code: 0151504. ISSN: 0031-9384.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 199411
ED Entered STN: 19941222
Last Updated on STN: 19960129
Entered Medline: 19941104
AB Numerous studies have suggested that stress precipitates type I diabetes. Because stress-elicited hyperglycemia may play a role in this effect, we measured the influence of acute immobilization (90 min) upon plasma

glucose and insulin levels in nonobese diabetic (NOD) mice, a spontaneous model of type I diabetes. To this end, prediabetic 8-week-old mice of both sexes were compared to age- and sex-matched C57BL/6 control mice. Baseline plasma glucose levels and immobilization-elicited hyperglycemia were both lower in male and female NOD mice compared to their C57BL/6 counterparts. However, the maximal effects of immobilization upon plasma insulin (and corticosterone) levels were not different between NOD and C57BL/6 mice. When subjected to a metabolic stressor, such as 2-deoxyglucose-induced neuroglucopenia, both strains responded with similar increases in plasma glucose levels. This change was associated with hyperinsulinemia, whose amplitude was lower in NOD than in C57BL/6 females. Lastly, administration of the alpha 2-adrenergic agonist, **clonidine**, elicited a marked increase in plasma glucose levels, whose amplitude was independent of the strain. The results from this study indicate that the two strains differed in their glycemic response to a psychological, but not to a metabolic, stressor. Because NOD mice were found to exhibit increased locomotion when placed for the first time in an open field, it is suggested that behavioral differences contribute to this differential effect of immobilization upon circulating glucose levels in NOD and C57BL/6 mice.

L93 ANSWER 62 OF 136 MEDLINE on STN
AN 94316907 MEDLINE
DN 94316907 PubMed ID: 8041979
TI [Premedication with **clonidine** in the neurosurgical patient: sedation, anesthetic requirements and hemodynamic perfusion]. Premedicacion con clonidina en el paciente neuroquirurgico: sedacion, requerimientos anestesicos y repercusion hemodinamica.
CM Comment in: Rev Esp Anestesiol Reanim. 1994 Mar-Apr;41(2):75-6
AU Garcia-Guiral M; Carrera A; Lora-Tamayo J I; Luengo C; Pascual E; Quintana B; Horno R
CS Servicio de Anestesiologia y Reanimacion, Hospital Puerta de Hierro, Madrid.
SO REVISTA ESPANOLA DE ANESTESIOLOGIA Y REANIMACION, (1994 Mar-Apr) 41 (2) 77-81.
Journal code: 0134516. ISSN: 0034-9356.
CY Spain
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA Spanish
FS Priority Journals
EM 199408
ED Entered STN: 19940905
Last Updated on STN: 19940905
Entered Medline: 19940822
AB OBJECTIVES. To analyze the effect of premedication with **clonidine** on postoperative sedation, anesthetic requirements and hemodynamic repercussions in patients undergoing craniotomy due to supratentorial intracranial pathology. PATIENTS AND METHODS. Twenty ASA I/II patients in a double-blind prospective study were assigned randomly to receive lorazepam (0.03 mg/kg/po, n = 10) or **clonidine** (0.005 mg/kg/po, n = 10) the night before and 90 minutes before surgery. Arterial pressure and heart rate were monitored continuously during and immediately after surgery (first 24 hours). Anesthetic induction was achieved with thiopental (maximum 6 mg/kg) and maintained with O2/N2O and an infusion of alfentanyl (1 microgram/kg/min). Hemodynamic response to surgical

stimulus was treated with additional boluses of alfentanyl up to a maximum dose of 0.1 mg/kg and with an increase in infusion dosage to 2 micrograms/kg/min. When these were ineffective, isoflurane was given. All patients were extubated in the operating room. RESULTS. No differences in level of sedation were found between the two groups. The infusion dose and total amount of alfentanyl given were smaller for patients treated with **clonidine** (0.8 +/- 0.04 vs 0.6 +/- 0.01 microgram/kg/min and 22.4 +/- 5.3 vs 17.5 +/- 4.9 mg, respectively) ($p < 0.05$). No differences were found in isoflurane requirements (5/5 vs 2/8). Mean arterial pressure and heart rate were lower with **clonidine** from 3 minutes after intubation until the patient's arrival in the recovery room ($p < 0.05$), with marked bradycardia (49 +/- 5 vs 73 +/- 7 bpm) ($p < 0.05$) upon intubation. CONCLUSIONS. Premedication of neurosurgical patients with **clonidine** offers no advantages over lorazepam with respect to sedation. Nevertheless, **clonidine** may offer advantages with respect to the amount of alfentanyl required and attenuation of perioperative adrenergic response.

L93 ANSWER 63 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1995:68326 BIOSIS
DN PREV199598082626
TI Using clofelin in intensive care and anesthesiology.
AU Dolina, O. A. [Reprint author]; Gur'yanov, V. A.; Tyukov, V. L.; Nistratov, S. L.
CS I.M. Sechenov Mosc. Med. Acad., Moscow, Russia
SO Anesteziologiya i Reanimatologiya, (1994) Vol. 0, No. 4, pp. 57-63. CODEN: AREAD8. ISSN: 0201-7563.
DT Article
General Review; (Literature Review)
LA Russian
ED Entered STN: 8 Feb 1995
Last Updated on STN: 9 Feb 1995

L93 ANSWER 64 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1995:271344 BIOSIS
DN PREV199598285644
TI Prospects of using nonnarcotic analgesics in present-day methods of general anesthesia.
AU Likhvantsev, V. V.; Smirnova, V. I.; Sitnikov, A. V.; Grebenchikov, O. A.
CS A.V. Vishnevskii Inst. Surg., Russ. Acad. Med. Sci., Moscow, Russia
SO Anesteziologiya i Reanimatologiya, (1994) Vol. 0, No. 5, pp. 17-22. CODEN: AREAD8. ISSN: 0201-7563.
DT Article
LA Russian
ED Entered STN: 26 Jun 1995
Last Updated on STN: 26 Jun 1995
AB Efficacies of several relatively new methods of anesthesia are compared. The data of electroencephalographic monitoring, early components of somatosensory evoked potentials, parameters of the central and peripheral hemodynamics (pulsoximetry supplemented with estimation of photoplethysmogram coefficient, among other things), acid-base balance, were used as criteria of the adequacy of analgesia. A total of 369 anesthesiologic modalities are analyzed, which were compared with traditional and modified neuroleptanalgesia (NLA) with inhalation of fluothane vapors. A high efficacy of NLA carried out in parallel with inhalation of gaseous anesthetics (fluothane) was confirmed. If traditional NLA is used in long traumatic operations, fentanyl in dose at

least 10 mcg/ (kg cntdot h) should he infused during the main stage of the intervention to provide effective anesthesia; during cardiopulmonary bypass surgery fentanyl dose should he at least 15 mcg/ (kg cntdot h). Use of moradol as the principal analgesic in surgery on the open heart and aorta and in long traumatic interventions on the thoracic and abdominal organs was found unjustified. Combined total anesthesia with fenyanyl, droperidol, seduxen, dalargin, and clofelin may be effectively used for intraoperative protection in interventions of tiny kind. Clinical significance of the phenonema detected is discussed.

L93 ANSWER 65 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1994:116847 HCAPLUS
DN 120:116847
TI Biodegradable controlled release melt-spun delivery system
IN Fuisz, Richard C.
PA Fuisz Technologies, Ltd., USA
SO PCT Int. Appl., 45 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9324154	A1	19931209	WO 1993-US5307	19930602
	W: AU, CA, HU, JP, KR, PL, US				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
	US 5518730	A	19960521	US 1992-893238	19920603
	AU 9344058	A1	19931230	AU 1993-44058	19930602
	AU 665844	B2	19960118		
	JP 07507548	T2	19950824	JP 1994-500877	19930602
	EP 746342	A1	19961211	EP 1993-914373	19930602
	EP 746342	B1	20020814		
	R: BE, CH, DE, DK, FR, GB, IE, IT, LI, LU, NL, SE				
PRAI	US 1992-893238	A2	19920603		
	WO 1993-US5307	A	19930602		

AB Biodegradable controlled-release delivery systems using melt-spun biodegradable polymers as carriers for bio-effecting agents such as pharmaceutical actives are disclosed. Oral dose forms as well as implants are described. For example, polyglycolide was melt-spun in combination with various drugs such as vancomycin, gentamicin, tolmetin, diphenhydramine, ibuprofen, and insulin and controlled drug release was demonstrated.

L93 ANSWER 66 OF 136 MEDLINE on STN
AN 94057527 MEDLINE
DN 94057527 PubMed ID: 8239010
TI Efficacy of oral **clonidine** premedication in children.
AU Mikawa K; Maekawa N; Nishina K; Takao Y; Yaku H; Obara H
CS Department of Anaesthesiology, Kobe University School of Medicine, Japan.
SO ANESTHESIOLOGY, (1993 Nov) 79 (5) 926-31.
Journal code: 1300217. ISSN: 0003-3022.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals

EM 199312
ED Entered STN: 19940117
Last Updated on STN: 19980206
Entered Medline: 19931210
AB BACKGROUND: **Clonidine**, an alpha 2-adrenoceptor agonist, has been shown to be effective as a preanesthetic medication in adults. The current study was designed to investigate the efficacy of two doses of oral **clonidine** as a premedicant preceding oral atropine in children. METHODS: In a prospective, randomized, double-blind, controlled clinical trial, 105 children, aged 4-12 yr, undergoing elective ophthalmologic surgery received 0.4 mg/kg diazepam, 2 micrograms/kg **clonidine**, or 4 micrograms/kg **clonidine** orally. These agents mixed with apple juice were administered 105 min before the estimated time of induction of anesthesia, and were followed by treatment with 0.03 mg/kg oral atropine 60 min before anesthesia. A blinded observer noted the children's level of sedation, quality of separation from parents, and degree of acceptance of mask application during inhalation of nitrous oxide used for establishment of venous access. Anesthesia was induced with 5 mg/kg thiamylal, and tracheal intubation was facilitated with 0.2 mg/kg vecuronium. Hemodynamic changes after tracheal intubation were compared among the three groups. RESULTS: **Clonidine** produced significant sedation, and the effect was dose related. **Clonidine**, 4 micrograms/kg, provided better quality of separation and acceptance of mask than the two other regimens. This dose of **clonidine** attenuated the increases in blood pressure and heart rate after tracheal intubation. No clinically significant perioperative hypotension or bradycardia was observed. CONCLUSIONS: These data indicate that, even in pediatric surgery, the combination of 4 micrograms/kg and 0.03 mg/kg oral **clonidine** is an effective premedication. However, the safety and optimal dose of **clonidine** in this setting remain to be determined.

L93 ANSWER 67 OF 136 MEDLINE on STN
AN 93243545 MEDLINE
DN 93243545 PubMed ID: 8480899
TI [The role of **clonidine** in anesthesia].
Clonidin-Stellenwert in der Anasthesie.
AU Striebel H W; Koenigs D; Heil T
CS Klinik fur Anaesthesiologie und operative Intensivmedizin, Klinikum Steglitz, Freie Universitat Berlin.
SO ANAESTHESIST, (1993 Mar) 42 (3) 131-41. Ref: 132
Journal code: 0370525. ISSN: 0003-2417.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA German
FS Priority Journals
EM 199305
ED Entered STN: 19930611
Last Updated on STN: 19980206
Entered Medline: 19930527
AB For decades the adrenergic alpha2 agonist **clonidine** has been considered to be one of the classical, centrally acting antihypertensive agents. In addition to its antihypertensive and sympathicolytic effects, in recent studies **clonidine** has been demonstrated to be an effective sedative and analgesic and to reduce the amount of anaesthetic

agents required. Therefore, a reconsideration of possible new indications for **clonidine** in clinical anaesthesiology seems to be justified. This paper presents the pharmacological basis for treatment with **clonidine** and reviews the extensive literature on its clinical indications in anaesthesia. **Clonidine** apparently produces its sedative and anaesthetic-sparing effects by stimulation of centrally located alpha2 adrenoceptors. Analgesia seems to be mediated mainly by activation of alpha2 adrenoceptors in the dorsal horn of the spinal cord. Considering its clinical indications, **clonidine** is often used as a supplement in the treatment of alcohol withdrawal syndromes. Future indications for **clonidine** may be the treatment of postoperative shivering and chronic pain management. Administration of **clonidine** in combination with a local anaesthetic prolongs analgesia and motor blockade. Its use in premedication and postoperative pain management may be limited by its principal effects of hypotension and bradycardia. In future, cardiovascular side effects may be minimized if all the subtypes of alpha2 adrenoceptors, their distribution within the central nervous system, and their specific action are clearly defined. This could result in a detailed therapeutic index of more selective and potent alpha2 agonists.

L93 ANSWER 68 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1994:305975 BIOSIS
DN PREV199497318975
TI Anesthesia and intensive care in patients with concomitant arterial hypertension.
AU Dolina, O. A.; Gur'yanov, V. A.; Dzhordzh, E. G.
CS I.M. Sechenov Mosc. Med. Acad., Moscow, Russia
SO Anesteziologiya i Reanimatologiya, (1993) Vol. 0, No. 5, pp. 32-40. CODEN: AREAD8. ISSN: 0201-7563.
DT Article
General Review; (Literature Review)
LA Russian
ED Entered STN: 13 Jul 1994
Last Updated on STN: 24 Aug 1994

L93 ANSWER 69 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 93047817 EMBASE
DN 1993047817
TI [The intensive therapy of pregnancy toxemia: Our experience in 31 cases]. LA TERAPIA INTENSIVA NELLA GESTOSI ECLAMPTICA: NOSTRA ESPERIENZA SU 31 CASI.
AU Cagnazzo G.; Fiore T.; Marinaccio M.; Fiore G.
CS I Clinica Ostetrica e Ginecologica, Universita degli Studi,Bari, Italy
SO Giornale Italiano di Ostetricia e Ginecologia, (1992) 14/12 (779-784). ISSN: 0391-9013 CODEN: GIOGDB
CY Italy
DT Journal; Article
FS 010 Obstetrics and Gynecology
037 Drug Literature Index
LA Italian
SL Italian; English
AB Exlampsia represents the convulsive phase of preeclampsia. Despite intense study, it remains enigmatic and a major cause of maternal and fetal morbidity and mortality. It is more prevalent among patients who had inadequate antenatal care and in those who have unsuspected deterioration

of the maternal status during the early puerperium. Early diagnosis, skillful prenatal care, and careful management of preeclampsia are capable of reducing the incidence of eclampsia and, thus, the accompanying maternal and perinatal risks. Eclampsia is seldom encountered in patients who have received appropriate antenatal care and were hospitalized promptly when preeclampsia first became evident. The medical records of 31 eclamptic patients at 1st Obstetric and Gynecological Department of University of Bari, from 1981 through 1991, were reviewed in regard to age, parity, gestation, management, mode of delivery, and maternal and fetal complications. Head Computed Tomographic scans were performed in the last 11 women with eclampsia managed. This article is also a brief survey on hypertension in pregnancy focused on eclampsia and discusses several of the controversies that continue to confuse the obstetrician.

L93 ANSWER 70 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 93007761 EMBASE
DN 1993007761
TI Postural fall in blood pressure in the elderly in relation to drug treatment and other lifestyle factors.
AU Burke V.; Beilin L.J.; German R.; Grosskopf S.; Ritchie J.; Puddey I.B.; Rogers P.
CS University Department of Medicine, Royal Perth Hospital, 35 Victoria Square,Perth, WA 6000, Australia
SO Quarterly Journal of Medicine, (1992) 84/304 (583-591).
ISSN: 0033-5622 CODEN: QJMEA7
CY United Kingdom
DT Journal; Article
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
020 Gerontology and Geriatrics
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB In a study of 843 independent-living men and women aged between 60 and 87 in Perth, Western Australia, stepwise multiple regression, after correction for initial levels of systolic blood pressure, showed that postural fall in systolic blood pressure was positively related to alcohol intake of more than 20 ml/day, the use of sleeping tablets and higher levels of anxiety on the Spielberger state-trait scale, and negatively related to body mass index. Postural fall in blood pressure was not significantly related to treatment for hypertension, age, sex, patterns of usual physical activity, tea or coffee drinking, or the diagnosis of diabetes mellitus. This analysis is the first to examine the relationship between lifestyle factors and the magnitude of the fall in systolic blood pressure on standing after adjustment for the association between the change in a variable and its initial level. Our analysis suggests the need for further study of the possible role of lifestyle factors such as the use of sleeping tablets and alcohol in postural hypotension in the elderly.

L93 ANSWER 71 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 93014922 EMBASE
DN 1993014922

TI [The treatment of slight-moderate hypertension in pregnancy].
IPERTENSIONE ARTERIOSA LIEVE-MEDIA IN GRAVIDANZA: ASPETTI TERAPEUTICI.

AU Alberico S.; Pinzano R.; Bogatti P.
CS Clinica Ostetrica e Ginecologica, Istituto per l'Infanzia, Via dell'Istria 65/1,34100 Trieste, Italy

SO Minerva Ginecologica, (1992) 44/11 (545-552).
ISSN: 0026-4784 CODEN: MIGIA6
CY Italy
DT Journal; Article
FS 006 Internal Medicine
010 Obstetrics and Gynecology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LA Italian
SL English; Italian

AB The treatment of hypertension in pregnancy is justified by the need to reduce blood pressure in order to avoid the onset of pre-eclampsia, eclampsia, retarded intrauterine growth and even neonatal, perinatal and maternal death. The value of using drugs to treat slight-moderate hypertension in pregnancy is, however, not clearly defined in the literature. In fact, from an etiopathogenetic blood pressure in pregnancy has not yet been satisfactorily explained, and above all the positive significance of increased blood pressure not be forgotten since, up to diastolic levels of 90 mmHg, it is accompanied by an increase in birth weight. The aim of the present study was to verify the efficacy of pharmacological treatment in cases of slight-modedrate hypertension during pregnancy in a population of 121 pregnant women attending the Obstetrics-Gynecological Clinic of the 'Istituto per l'Infanzia' in Trieste during the period from 14-11-1984 to 24-4-1991. Data for this retrospective study were extrapolated from an analysis of medical records and then memorised in a data-base file. The degree of hypertension was classified as slight, moderate and severe according to blood pressure levels measured on hospitalisation. Clinical signs taken into account included: edema, proteinuria and hypoprotidemia. Anti-hypertensive therapy was selected between one or more associated drugs belonging to the following classes: central action and peripheral action anti-adrenergic drugs, beta-blockers, calcium channel blockers, vasodilators, diuretics, ACE-inhibitors and sedatives. Moreover, patients also received non-pharmacological treatment in the form of low sodium diets and bed-rest. The most important findings were: 1) a high percentage of cases with slight or moderate hypertension compared to those with severe hypertension; 2) the high percentage of hypertensive patients with proteinuria; 3) all hypertensive patients with proteinuria; 3) all hypertensive patients with generalised edema were also in a state of hypoprotidemia; 4) the achievement of positive results using 'non-pharmacological' treatment in case of a slight hypertension; 5) the need for pharmacological therapy in cases of moderate hypertension. Since it is known whether slight-moderate hypertension in pregnancy is a negative phenomenon or a condition which reflects positive fetal growth and wellbeing, there is still uncertainty regarding the use of antihypertensive treatment in pregnancy, especially in slight forma. The Authors consider it correct to complete a full diagnostic protocol in order to assess the therapeutic strategies to be adopted in each individual case. It is also important to control indices of renal function with care since, as hypertension increases, there is also an increased possibility of severe renal dysfunction. Lastly, it is also vital to

monitor conditions of fetal wellbeing in order to be able to intervene rapidly in the event of imminent fetal distress.

L93 ANSWER 72 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 92124887 EMBASE
DN 1992124887
TI Orthostatic change in blood pressure in non-demented, ambulatory nursing home patients.
AU Si M.; Rodstein M.; Neufeld R.R.; Libow L.S.; Mulvihill M.; Hsu M.-A.
CS Jewish Home and Hospital for Aged, 120 West 106th Street,New York, NY 10025, United States
SO Archives of Gerontology and Geriatrics, (1992) 14/2 (123-129). ISSN: 0167-4943 CODEN: AGGEDL
CY Netherlands
DT Journal; Article
FS 018 Cardiovascular Diseases and Cardiovascular Surgery
020 Gerontology and Geriatrics
030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB While postural hypotension was present in almost 20% of ambulatory patients of this long-term institution, associated symptoms were infrequent. A comparison of the groups with and without a history of falls in the prior year revealed no relationship to the presence of postural hypotension and no relationship to a number of medications which have been reported to be associated with orthostatic hypotension. Blood pressure readings should be obtained at 1, 3 and 5 min after assuming the erect position as significant falls in blood pressure were found at each interval.

L93 ANSWER 73 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1993:457732 BIOSIS
DN PREV199396102632
TI Effect of obsidan and isobarin on the lysosomal apparatus of neutrophilic granulocytes and hemostasis in stress-factor.
AU Lunina, N. V.; Vovk, S. V.
CS Lab. Dep. Evol. Physiol., Lugansk Pedagog. Inst., Lugansk, Russia
SO Vrachebnoe Delo, (1992) Vol. 0, No. 11-12, pp. 41-44. CODEN: VRDEA5. ISSN: 0049-6804.
DT Article
LA Ukrainian
ED Entered STN: 5 Oct 1993
Last Updated on STN: 3 Jan 1995
AB Experiments on rabbits were carried out with the purpose of evaluating the participation of beta-adrenoblockader and sympatholytic agent in the reaction of liberation of lysosomal enzymes of peripheral blood neutrophilic granulocytes in response to the **immobilization**. It was established that the sympathetic nervous system (via alpha- and beta adrenoreceptors) produces an effect on reduction of the number of lysosomes and liberation of lysosomal enzymes that participate indirectly through factor XII in hemostasis regulation.

L93 ANSWER 74 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 91328883 EMBASE

DN 1991328883
TI Behavioral models in mice. Implication of the alpha noradrenergic system.
AU Hascoet M.; Bourin M.; Bradwejn J.
CS Laboratoire de Pharmacologie, Faculte de Medecine, 44035 Nantes Cedex, France
SO Progress in Neuro-Psychopharmacology and Biological Psychiatry, (1991) 15/6 (825-840).
ISSN: 0278-5846 CODEN: PNPPD7
CY United Kingdom
DT Journal; Article
FS 030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB 1. The mechanism of action of drugs might change according to the test used. Several noradrenergic drugs were tested in order to understand their implication in the mobility tests. 2. It was found that clonidine, an Alpha 2 agonist, acted differently according to the test used. It provoked sedation in spontaneous activity test, and anti-immobility effects in the other tests. 3. Tail suspension test is able to show the double acting of clonidine. 4. Idazoxan might act eigher as an alpha 2 antagonist or as partial alpha 2 agonist. TST shown the unexpected partial alpha agonist effect of the molecule. 5. Forced swimming test is more specific for predicting antidepressant activity than tail suspension test which is close to a spontaneous activity model.

L93 ANSWER 75 OF 136 MEDLINE on STN
AN 92060005 MEDLINE
DN 92060005 PubMed ID: 1683183
TI Adrenergic modulation of preoperative anxiety: a comparison of temazepam, **clonidine**, and timolol.
AU Carabine U A; Milligan K R; Moore J A
CS Department of Anaesthetics, Queen's University, Belfast, Northern Ireland.
SO ANESTHESIA AND ANALGESIA, (1991 Nov) 73 (5) 633-7.
Journal code: 1310650. ISSN: 0003-2999.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199111
ED Entered STN: 19920124
Last Updated on STN: 19950206
Entered Medline: 19911127
AB To assess the influence of adrenergic modulation on preoperative anxiety, we used a randomized, double-blind, placebo-controlled trial to compare temazepam, **clonidine**, and timolol as preanesthetic medications in patients undergoing minor orthopedic surgery. All the active treatments resulted in less preoperative anxiety than the placebo (control) did. Induction of anesthesia was smoother in all the treated patients compared with the control group. Recovery was slowest in the temazepam and **clonidine** groups, but there were no significant differences between the groups after 90 min. Cardiovascular changes were most marked in the timolol group. Pain scores were lower in the temazepam and **clonidine** series in the early postoperative period. Neither **clonidine** nor timolol offers any major advantage over temazepam

for premedication in these patients.

L93 ANSWER 76 OF 136 MEDLINE on STN
AN 91345910 MEDLINE
DN 91345910 PubMed ID: 1878231
TI The effectiveness of oral **clonidine** as a sedative/anxiolytic and as a drug to blunt the hemodynamic responses to laryngoscopy.
AU Laurito C E; Baughman V L; Becker G L; DeSilva T W; Carranza C J
CS Department of Anesthesiology, Michael Reese Hospital and Medical Center, Chicago, IL 60616.
SO JOURNAL OF CLINICAL ANESTHESIA, (1991 May-Jun) 3 (3) 186-93. Journal code: 8812166. ISSN: 0952-8180.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199110
ED Entered STN: 19911020
Last Updated on STN: 19911020
Entered Medline: 19911003
AB STUDY OBJECTIVE: To determine the effects of oral **clonidine** premedication on sedative, anxiolytic, and hemodynamic responses during the immediate preoperative period, laryngoscopy/intubation, and postanesthetic recovery. DESIGN: Randomized double-blind assignment to one of four treatment groups (**clonidine** 0.1 mg, **clonidine** 0.2 mg, triazolam 0.25 mg, or placebo); n = 10 per group. SETTING: Inpatient surgery in a university-staffed tertiary center. PATIENTS: Forty ASA physical status I and II adults of both sexes scheduled for a variety of procedures requiring general anesthesia. INTERVENTIONS: Anxiety and sedation scored on ordinal scale at time of treatment and 90 minutes later, just prior to anesthetic induction. Standardized induction protocol with automated hemodynamic monitoring at 1-minute intervals and a 45-second laryngoscopy to ensure a vigorous stress response. Measurements and Main Results: Triazolam and both doses of **clonidine** increased sedation at 90 minutes both absolutely and compared with a placebo. **Clonidine** 0.2 mg decreased anxiety absolutely at 90 minutes but no more than a placebo. **Clonidine** 0.2 mg decreased systolic, mean, and diastolic blood pressures (BPs) but not heart rate (HR) at 90 minutes. **Clonidine** 0.2 mg also blunted the increase in systolic blood pressure (SP) [but not in diastolic blood pressure (DP) or HR] that accompanied laryngoscopy. There were no treatment differences in postanesthetic hemodynamics or duration of recovery. CONCLUSIONS: Oral **clonidine** 0.2 mg was effective in reducing the level of behavioral and hemodynamic responses preoperatively and in blunting systolic hypertension produced by prolonged laryngoscopy.

L93 ANSWER 77 OF 136 EMBASE on STN
AN 91335975 EMBASE
DN 1991335975
TI Geriatric depression: Atypical presentations, hidden meanings.
AU McCullough P.K.
CS Medical Student Education, Northwestern University Medical School, Chicago, IL, United States
SO Geriatrics, (1991) 46/10 (72-76).

ISSN: 0016-867X CODEN: GERIAZ
CY United States
DT Journal; Article
FS 020 Gerontology and Geriatrics
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB Geriatric patients with affective illness often present with unusual or atypical symptom patterns that make diagnosis difficult. Depression may be masked as pseudodementia, somatization, or anxiety/irritability, or it may be an underlying factor in pain syndromes and alcohol abuse. In the elderly, depression may be a primary or secondary symptom of a concomitant medical condition, including thyroid disease and occult neoplasm. Common medications, including some antihypertensive agents, may also have etiologic significance.

L93 ANSWER 78 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 91281567 EMBASE
DN 1991281567
TI Effect of epidural clonidine added to lidocaine solution upon the postoperative requirements of analgesics and sedatives following lower abdominal surgery.
AU Nishikawa T.; Taguchi M.
CS Department of Anesthesiology, Institute of Clinical Medicine, University of Tsukuba, Tsukuba, Japan
SO Hiroshima Journal of Anesthesia, (1990) 26/4 (387-391).
ISSN: 0385-1664 CODEN: HMIGAH
CY Japan
DT Journal; Article
FS 024 Anesthesiology
037 Drug Literature Index
LA Japanese
SL English

L93 ANSWER 79 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 89233827 EMBASE
DN 1989233827
TI Alcohol withdrawal syndromes: A review of pathophysiology, clinical presentation, and treatment.
AU Turner R.C.; Lichstein P.R.; Peden Jr. J.G.; Busher J.T.; Waivers L.E.
CS Department of Medicine, Section of General Internal Medicine, East Carolina University School of Medicine, Greenville, NC 27858-4354, United States
SO Journal of General Internal Medicine, (1989) 4/5 (432-444).
ISSN: 0884-8734 CODEN: JGIMEJ
CY United States
DT Journal
FS 006 Internal Medicine
032 Psychiatry
040 Drug Dependence, Alcohol Abuse and Alcoholism
037 Drug Literature Index
LA English

L93 ANSWER 80 OF 136 MEDLINE on STN

AN 90001011 MEDLINE
DN 90001011 PubMed ID: 2675952
TI The haemodynamic and hormonal responses after **clonidine** occur independently of sedation in essential hypertension.
AU Kooner J S; Peart W S; Mathias C J
CS Department of Medicine, St. Mary's Hospital and Medical School, London.
SO BRITISH JOURNAL OF CLINICAL PHARMACOLOGY, (1989 Sep) 28 (3) 249-55.
Journal code: 7503323. ISSN: 0306-5251.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198911
ED Entered STN: 19900328
Last Updated on STN: 19960129
Entered Medline: 19891114
AB 1. To investigate the contribution of sedation to the cardiovascular effects induced by **clonidine**, we studied patients with essential hypertension on two separate occasions when similar levels of sedation were induced by **clonidine** and nitrazepam. 2. After **clonidine**, there was a fall in blood pressure, heart rate, digital skin vascular resistance and plasma noradrenaline which is consistent with its ability to reduce sympathetic outflow. Dissociation of the circulatory/neurohormonal and sedative responses after **clonidine** indicated that sedation alone is not an important factor in the blood pressure lowering effect of **clonidine**. 3. The absence of a fall in blood pressure, heart rate, digital skin vascular resistance and plasma noradrenaline after nitrazepam further suggest that sedation did not influence the hypotensive response in essential hypertension.

L93 ANSWER 81 OF 136 MEDLINE on STN
AN 89262550 MEDLINE
DN 89262550 PubMed ID: 2725849
TI Dihydropyridine calcium channel antagonists as antidepressant drugs in mice and rats.
AU Czyrak A; Mogilnicka E; Maj J
CS Institute of Pharmacology, Polish Academy of Sciences, Krakow.
SO NEUROPHARMACOLOGY, (1989 Mar) 28 (3) 229-33.
Journal code: 0236217. ISSN: 0028-3908.
Report No.: NASA-89262550.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198907
ED Entered STN: 19900309
Last Updated on STN: 19900309
Entered Medline: 19890703
AB A pharmacological profile of the effects of nimodipine, nifedipine and nitrendipine (2.5-20 mg/kg p.o.) in several models which are indicative of possible antidepressant activity, was tested in mice and rats. These compounds, as well as verapamil (short-lasting effect), but not diltiazem, reduced the hypothermia induced by a large dose of apomorphine in mice. Nimodipine and nifedipine slightly increased the behavioural action of L-DOPA in mice, and nimodipine facilitated the action of imipramine in the

L-DOPA test. Nimodipine, nifedipine, verapamil and diltiazem slightly reduced the **clonidine**-induced hypoactivity in rats. The hypothermia induced by reserpine or **clonidine** in mice was not changed by these drugs. Various antidepressants (imipramine, amitriptyline, citalopram, mianserin) used in the behavioural despair test in mice, in doses which were not effective by themselves, increased the immobility-reducing effect when given jointly with 1,4-dihydropyridine calcium channel antagonists (5 mg/kg). The above results indicate that the psychopharmacological profile of nimodipine, nifedipine and nitrendipine resembles that of antidepressants in some tests only; moreover, these results support the assumption that concomitant administration of antidepressants and 1,4-dihydropyridine calcium channel antagonists may result in a greater antidepressant efficacy.

L93 ANSWER 82 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1989:185519 BIOSIS
DN PREV198987096785; BA87:96785
TI ALTERED CENTRAL ALPHA-2-ADRENOCEPTOR SENSITIVITY IN PANIC DISORDER.
AU NUTT D J [Reprint author]
CS RECKITT COLMAN PSYCHOPHARMACOL UNIT, MED SCH, UNIVERSITY WALK, BRISTOL, UK BS8 1TD
SO Archives of General Psychiatry, (1989) Vol. 46, No. 2, pp. 165-169. CODEN: ARGPAQ. ISSN: 0003-990X.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 9 Apr 1989
Last Updated on STN: 20 Jun 1989
AB The possibility that a disorder of brain .alpha.2-adrenoceptor sensitivyt might contribute to the etiology of panic disorder was examined using a challenge paradigm with the .alpha.2-adrenoceptor agonist clonidine. The cardiovascular, psychological, and endocrine actions of 1.5-.mu.g/kg clonidine hydrochloride given intravenously were assessed in 16 patients and compared with age- and sex-matched controls. Patients with panic disorder showed an increased fall in blood pressure and decreased **sedative** and endocrine responses as compared with controls. These results suggest that there may be subsensitivity of some, and supersensitivity of other, brain .alpha.2-adrenoceptors in panic disorder. In view of the increased cardiovascular responses seen in the present study and other reports of increased responses to the .alpha.2-adrenoceptor antagonist yohimbine, there may exist an increased lability (decreased damping) of cardiovascular control mechanisms in panic disorder. Such a dysfunction could contribute to the symptoms of panic attacks, such as dizziness, palpitations, and faintness.

L93 ANSWER 83 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 89172281 EMBASE
DN 1989172281
TI Hypertension and pregnancy.
AU Drayer J.I.; Zegarelli E.C.
CS Department of Clinical Research, Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States
SO Cardiovascular Clinics, (1989) 19/3 (97-111). ISSN: 0069-0384 CODEN: CCLIBG
CY United States
DT Journal

FS 010 Obstetrics and Gynecology
037 Drug Literature Index
LA English

L93 ANSWER 84 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1989:361217 BIOSIS
DN PREV198988053331; BA88:53331
TI GAS-LIQUID CHROMATOGRAPHIC DETERMINATION OF CLOFELIN.
AU ZAVRAZHNAYA T A [Reprint author]
CS ALL-UNION RES INST PHARM, MOSCOW, USSR
SO Farmatsiya (Moscow), (1989) Vol. 38, No. 2, pp. 33-34.
CODEN: FRMTAL. ISSN: 0367-3014.
DT Article
FS BA
LA RUSSIAN
ED Entered STN: 2 Aug 1989
Last Updated on STN: 23 Sep 1989
AB A procedure was developed for gas-chromatographic determination of Clophelinum (clonidine). The relative error of the mean was .+-. 1.15-2.03%. The chromatographic equipment and conditions were a Paccard 7400 chromatography, ionization flame detector, **immobili** liquid phase, 5% XE-60 (0.20-0.25 mm) imposed on a Chromaton N-AW-HMDS, the temperatures of the column, detector, and evaporator being 260, 240, and 290.degree. C, respectively. The gas-chromatographic procedure was applied to detect hemiton in 0.125% ophthalmic drops. The relative detection error was no more than .+-. 0.8%.

L93 ANSWER 85 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1989:518296 BIOSIS
DN PREV198988134439; BA88:134439
TI USE OF CLOFELIN IN THE ACUTE PERIOD OF MYOCARDIAL INFARCTION.
AU ZAITSEV A A [Reprint author]; IGNATOV YU D; KUZNETSOVA O YU; MIKHAILOVICH V A; RUKSIN V V
CS DIV EMERG SERV, INST POSTGRAD MED, LENINGRAD, USSR
SO Vrachebnoe Delo, (1989) No. 5, pp. 17-20.
CODEN: VRDEA5. ISSN: 0049-6804.
DT Article
FS BA
LA RUSSIAN
ED Entered STN: 15 Nov 1989
Last Updated on STN: 11 Jan 1990
AB Data are reported on the action of intravenous clophelin in 30 patients administered within the first 24 hours of myocardial infarction. The agent exhibited a significant analgetic effect, **sedative** action and normalized the main hemodynamic values. The effect of clophelin on the hemodynamics depended on its initial state. The possibility is shown to predict the pain-killing and hemodynamic effects of the drug by the initial response.

L93 ANSWER 86 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 89062052 EMBASE
DN 1989062052
TI WHO Expert Committee on Drug Dependence. Twenty-fifth report.
AU Chrusciel T.L.; Ebie J.C.; Garcia-Fernandez J.C.; Ghodse A.H.; Jaffe J.H.; Lagier G.; Maghazaji H.; Showanasai A.; Yanagita T.
CS Department of Clinical and Social Pharmacology, Centre for Postgraduate

Medical Education, Warsaw, Poland
SO World Health Organization - Technical Report Series, (1989) -/775 (5-48).
ISSN: 0512-3054 CODEN: WHOTAC
CY Switzerland
DT Journal
FS 030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB The objectives of the Committee at its present meeting are to recommend whether any or all of the 14 substances required international control, and if so, under which convention and at what level; to recommend to WHO any improvement that might be made to the guidelines for the review of substances for rescheduling or descheduling; to recommend to WHO any other technical activity that would promote the rational use of psychoactive substances.

L93 ANSWER 87 OF 136 MEDLINE on STN
AN 89110661 MEDLINE
DN 89110661 PubMed ID: 2905735
TI The effects of intracerebroventricular administration of adrenergic agonists and antagonists on adrenaline secretion from the adrenal medulla in stressed conscious rats.
AU Nakamura M; Kamata K; Inoue H; Matsuyama K; Inaba M
CS Department of Pharmacology, Kyorin University School of Medicine, Tokyo, Japan.
SO JOURNAL OF PHARMACOBIO-DYNAMICS, (1988 Sep) 11 (9) 600-6.
Journal code: 7901854. ISSN: 0386-846X.
Report No.: NASA-89110661.
CY Japan
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198903
ED Entered STN: 19900308
Last Updated on STN: 19970203
Entered Medline: 19890306
AB The effects of intracerebroventricular (i.c.v.) administration of adrenergic agonists and antagonists on the increase in serum adrenaline (Ad) induced by immobilization stress were examined in unanesthetized, unrestrained rats. The serum Ad of rats showed a significant linear increase as time elapsed after the induction of immobilization stress. This immobilization stress-induced increase was inhibited by the i.c.v. administration of a small amount of noradrenaline (NA) and phenylephrine. Isoproterenol and **clonidine** failed to inhibit the immobilization stress-induced increase. The inhibition of the immobilization stress-induced increase by i.c.v. administration of NA was antagonized by pretreatment with phentolamine and prazosin, but not by pretreatment with yohimbine and propranolol. These results suggested that NA administered via an i.c.v. route may inhibit the stress-induced increase in adrenomedullary Ad secretion by an action on the central alpha 1-adrenoceptor.

L93 ANSWER 88 OF 136 MEDLINE on STN
AN 88335412 MEDLINE
DN 88335412 PubMed ID: 2971154
TI Haemodynamic actions of **clonidine** in tetraplegia--effects at

rest and during urinary bladder stimulation.
AU Kooner J S; Edge W; Frankel H L; Peart W S; Mathias C J
CS Medical Unit, St Mary's Hospital Medical School, London, England.
SO PARAPLEGIA, (1988 Jun) 26 (3) 200-3.
Journal code: 2985038R. ISSN: 0031-1758.
Report No.: NASA-88335412.
CY SCOTLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198810
ED Entered STN: 19900308
Last Updated on STN: 19900308
Entered Medline: 19881027
AB We studied the haemodynamic effects of **clonidine** (2 micrograms/kg/iv) in 7 tetraplegics and 7 normal subjects. Measurements of blood pressure, stroke volume, cardiac output and digital (finger) skin blood flow were made before and after **clonidine** for 60 minutes. Blood pressure, stroke volume and cardiac output did not fall in tetraplegics, unlike normals. Resting digital skin blood flow was higher in tetraplegics and fell after **clonidine**. In normal subjects however, an increase in digital skin blood flow occurred after **clonidine**. The pressor and digital vasoconstrictor responses to bladder stimulation were attenuated after **clonidine**. The inability of **clonidine** to induce a fall in blood pressure, stroke volume, cardiac output and cause peripheral vasodilation in tetraplegics is consistent with its central sympatholytic effects. Attenuation of the responses to bladder stimulation suggest an effect on spinal sympathetic neurones.

L93 ANSWER 89 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 87231513 EMBASE
DN 1987231513
TI Clinical pharmacological and therapeutic considerations in general intestive care: A review.
AU Farina M.L.; Bonati M.; Iapichino G.; Pesenti A.; Procaccio F.; Boselli L.; Langer M.; Graziina A.; Tognoni G.
CS Laboratory of Clinical Pharmacology, Istituto di Ricerche Farmacologiche 'Mario Negri', 20157 Milano, Italy
SO Drugs, (1987) 34/6 (662-694).
ISSN: 0012-6667 CODEN: DRUGAY
CY Australia
DT Journal
FS 004 Microbiology
006 Internal Medicine
008 Neurology and Neurosurgery
018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
037 Drug Literature Index
030 Pharmacology
LA English
AB The application of clinical pharmacological concepts and therapeutic standards in intensive care settings presents particularly difficult problems due to the lack of adequately controlled background information and the highly variable and rapidly evolving clinical conditions where drugs must be administered and their impact evaluated. In this review, an

attempt has been made to discuss the available knowledge within the framework of a problem-oriented approach, which appears to provide a more clinically useful insight than a drug-centred review. Following a brief discussion of the scanty data and the most interesting models to which reference can be made from a pharmacokinetic point of view (the burn patient being taken as an example), the review concentrates on the main general intervention strategies in intensive care patients. These are based mainly on non-pharmacological measures (correction of fluid and electrolyte balance, total parenteral nutrition, enteral nutrition, oxygenation and ventilatory management) and are discussed with respect to the specific challenge they present in various clinical conditions and organ failure situations. In addition, 4 major selected clinical conditions where general management criteria and careful use of prophylactic and therapeutic drug treatments must interact to cope with the variety of presentations and problems are reviewed. These include: acute cerebral damage; anti-infective prophylaxis and therapy; cardiovascular emergencies; and problems of haemostasis. Each problem is analysed in such a way as to frame the pharmacological intervention in its broader context of the underlying (established or hypothesised) pathophysiology, with special attention being paid to those methodological issues which allow an appreciation of the degree of reliability of the data and the recommendations which appear to be practiced (often haphazardly) in intensive care units. The thorough review of the published literature provided (up to mid-1986) clearly shows that in this field the quality of randomised controlled and epidemiological studies is rather unsatisfactory. It would be highly beneficial to research and to clinical care if larger multicentric protocols and prospective epidemiological comparative investigations could be carried out to investigate more timely and adequately the variables which determine drug action, and the final outcome in the many subgroups of patients which must be considered in a proper stratification of intenstive care unit populations.

L93 ANSWER 90 OF 136 MEDLINE on STN
AN 87202228 MEDLINE
DN 87202228 PubMed ID: 3033540
TI Sympathoadrenal activity facilitates beta-endorphin and alpha-MSH secretion but does not potentiate ACTH secretion during immobilization stress.
AU Kvetnansky R; Tilders F J; van Zoest I D; Dobrakovova M; Berkenbosch F; Culman J; Zeman P; Smelik P G
SO NEUROENDOCRINOLOGY, (1987 Apr) 45 (4) 318-24.
Journal code: 0035665. ISSN: 0028-3835.
Report No.: NASA-87202228.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198706
ED Entered STN: 19900303
Last Updated on STN: 19970203
Entered Medline: 19870601
AB The potential involvement of the sympathoadrenal system in stress-induced secretion of peptides from the intermediate lobe of the pituitary gland and the activation of the pituitary-adrenal axis was studied. Male Wistar rats were subjected to control procedures, to sympathectomy by chronic administration (8 weeks) of **guanethidine** and/or to medullectomy by adrenal enucleation 9 weeks prior to exposure to forced immobilization

stress for various periods of time. In intact or sham-operated rats, immobilization caused a prompt increase of circulating norepinephrine, epinephrine (EPI), corticosterone and of immunoreactive adrenocorticotropic hormone (ACTHi), alpha-melanocyte-stimulating hormone (alpha-MSHi) and beta-endorphin (beta-ENDi). Peak levels of pituitary hormones were found after 10 min of stress exposure, but fell to less than 30% of these levels after 2.5 h of immobilization. Adrenal medullectomy, which abolished the stress-induced release of EPI, reduced the acute increase of plasma alpha-MSHi and beta-ENDi, but did not influence the acute increase of plasma ACTHi during immobilization stress. Also in medullectomized plus sympathectomized rats, the initial stress response of circulating ACTHi was not different from that of controls. Adrenal medullectomy with or without additional sympathectomy caused a marked increase in plasma ACTHi concentrations after prolonged stress exposure. We conclude that: catecholamines originating from the adrenalmedulla facilitate the stress-induced secretion of intermediate lobe peptides (alpha-MSHi, beta-ENDi); catecholamines from the sympathoadrenomedullary system do not contribute to the acute release of ACTH during immobilization stress; the sympathoadrenomedullary system is involved in the secondary reduction of circulating ACTHi levels seen during prolonged stress.

L93 ANSWER 91 OF 136 MEDLINE on STN
AN 87143100 MEDLINE
DN 87143100 PubMed ID: 3029520
TI Evidence for the involvement of alpha-2 adrenoceptors in the sedation but not REM sleep inhibition by **clonidine** in the rat.
AU Makela J P; Hilakivi I T
SO MEDICAL BIOLOGY, (1986) 64 (6) 355-60.
Journal code: 0417300. ISSN: 0302-2137.
CY Finland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198704
ED Entered STN: 19900303
Last Updated on STN: 19970203
Entered Medline: 19870406
AB Rats with implanted electrodes for recording of EEG and EMG underwent 12-h recordings during the light period starting after i.p. injections of **clonidine** (0.1 mg/kg) alone or in combination with different alpha-adrenoceptor antagonists. **Clonidine** increased the proportion of time the rats spent in the drowsy stage of wakefulness which corresponds to behavioural sedation and inhibited both deep slow wave sleep and REM sleep for 6-9 hours. The amount of active wakefulness or light slow wave sleep were unaffected by **clonidine**. Yohimbine (1 mg/kg) reversed the increase in drowsy wakefulness by **clonidine** and increased active wakefulness without affecting sleep. Phentolamine (10 mg/kg) was ineffective against **clonidine**. Phenoxybenzamine (20 mg/kg) accentuated the sedative effect and prolonged the REM sleep inhibiting effect of **clonidine**. Prazosin (3 mg/kg) prolonged both the drowsy stage inducing and deep slow wave plus REM sleep inhibiting effects of **clonidine**. These electrophysiological results support the view that the sedative effect of **clonidine** in the rat is mediated by alpha-2 adrenoceptors, whereas in this species other mechanisms, possibly another population of alpha-2 receptors, may be involved in the **clonidine**-induced suppression of deep slow wave

sleep and REM sleep.

L93 ANSWER 92 OF 136 MEDLINE on STN
AN 86050552 MEDLINE
DN 86050552 PubMed ID: 4062920
TI The functional importance of cerebral noradrenergic processes for the activating action of nootropic drugs in the behavioural despair test in mice.
AU Schmidt J
SO BIOMEDICA BIOCHIMICA ACTA, (1985) 44 (5) 755-61.
Journal code: 8304435. ISSN: 0232-766X.
Report No.: NASA-86050552.
CY GERMANY, EAST: German Democratic Republic
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198511
ED Entered STN: 19900321
Last Updated on STN: 19900321
Entered Medline: 19851125
AB The influence of substances with a known modifying effect on cerebral noradrenergic transmission processes on the activating effect of the nootropics piracetam, pyritinol, meclofenoxat, methylglucamine orotate and dihydroergotoxine in comparison to desipramine and d-amphetamine in the behavioural despair test was investigated in mice. **Clonidine**, an agonist of presynaptic alpha-adrenoceptor, and prazosin, a postsynaptic alpha-adrenoceptor blocker, in doses without own effect on the swimming behaviour counteracted the activating effect of nootropics in the behaviour despair test. On the other hand, yohimbine, a presynaptic alpha-adrenoceptor blocker, resulting itself in activation, did not change the effect of piracetam additionally. The results confirm the functional importance of noradrenergic processes for the state of immobility and support the possible participation of an influence on the cerebral noradrenergic system in the mechanisms of action of nootropic drugs.

L93 ANSWER 93 OF 136 MEDLINE on STN
AN 85225315 MEDLINE
DN 85225315 PubMed ID: 4004750
TI [**Clonidine** as a sedative in horses].
Clonidin als Sedativum beim Pferd.
AU Wintzer H J; Krause D; Siedentopf C; Frey H H
SO BERLINER UND MUNCHENER TIERARZTLICHE WOCHENSCHRIFT, (1985 May 1) 98 (5) 190-3.
Journal code: 0003163. ISSN: 0005-9366.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 198507
ED Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19850724

L93 ANSWER 94 OF 136 MEDLINE on STN
AN 85166915 MEDLINE
DN 85166915 PubMed ID: 3920691
TI **Clonidine** induced sedation is not altered by repeated stress in

the RHA/iop and RLA/iop strains of rats.
AU Durcan M J; Campbell I C; Chitkara B
SO PSYCHOPHARMACOLOGY, (1985) 85 (1) 102-5.
Journal code: 7608025. ISSN: 0033-3158.
Report No.: NASA-85166915.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198504
ED Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19850426
AB An hypothesis that repeated stress results in central changes in alpha 2-adrenoceptor sensitivity was investigated using a behavioural test. Stressed (immobilisation for 2 h/day for 7 days) and unstressed rats from the RHA/iop and RLA/iop strains were tested for the sedative effects of the alpha 2-adrenoceptor agonist **clonidine** on Y-maze behaviour. The measures used were number of lines crossed, arm entries and rearing. The stressed animals showed higher scores for line crossings and rearing; but the only significant difference between the strains was for rearing, which was higher for RHA/iop. **Clonidine** significantly depressed all the measures of activity. However, there was no evidence of an interaction of the drug with stress for any of the measures. It is concluded that neither repeated stress nor genetic differences in the ability to cope with stress influence the behavioural effects of **clonidine**. This suggests that stress responses are not related to the central alpha 2-adrenoceptor system.

L93 ANSWER 95 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1986:206420 BIOSIS
DN PREV198681097720; BA81:97720
TI ELECTROENCEPHALOGRAPHIC AND PSYCHOMETRIC ASSESSMENT OF THE CENTRAL NERVOUS SYSTEM EFFECTS OF SINGLE DOSES OF GUANFACIN HYDROCHLORIDE ESTULIC AND CLONIDINE CATAPRES.
AU YAMADERA H [Reprint author]; FERBER G; MATEJCEK M; POKORNY R
CS DEP NEUROPSYCHIATRY, TOKYO MED DENTAL UNIV, 1-5-45 YUSHIMA, BUNKYO-KU, TOKYO, JPN
SO Neuropsychobiology, (1985) Vol. 14, No. 2, pp. 97-107.
CODEN: NPBYAL. ISSN: 0302-282X.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 28 May 1986
Last Updated on STN: 28 May 1986
AB A double-blind, placebo-controlled study was carried out in 10 young healthy volunteers to investigate the effects of single doses of 1 and 2 mg guanfacine hydrochloride (Estulic) and 0.15 and 0.3 mg clonidine (Catapres) on the electroencephalogram (EEG), subjective mental and emotional state, blood pressure and heart rate. These doses are considered to be equipotent with regard to their antihypertensive effects, as shown in long-term therapeutic trials. Each subject received all five treatments in random sequence at intervals of 1 week. The EEG tracings were evaluated quantitatively by special analysis. Procedures were carried out before and at 1,2,4,6 and 8 h after drug dose-dependent. After clonidine the EEG showed increased slow-wave activity and decreased alpha activity, these effects being dose-dependent. They were of the

sedative type and did not clearly indicate specific psychotropic properties. The subjective mental and emotional state questionnaire indicate a decrease of alertness, extroversion concentration and mood (in that order), changes which paralleled the EEG changes. The changes observed after guanfacine were qualitatively similar to those after clondine, but were of considerably lower intensity. Our data suggest that guanfacine has less central nervous system-depressant activity than clonidine.

L93 ANSWER 96 OF 136 MEDLINE on STN
AN 86170863 MEDLINE
DN 86170863 PubMed ID: 3007707
TI Naloxone does not affect the cardiovascular, sedative or neurohormonal effects of **clonidine** in normal and hypertensive man.
AU Mathias C J; da Costa D F; Cleary J C; Peart S
SO JOURNAL OF HYPERTENSION. SUPPLEMENT, (1985 Dec) 3 (4) S77-9.
Journal code: 8501422. ISSN: 0952-1178.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198605
ED Entered STN: 19900321
Last Updated on STN: 19900321
Entered Medline: 19860505
AB The possibility that some of the cardiovascular, sedative or neurohormonal effects of **clonidine** are mediated by opiate receptors was investigated in normotensive and hypertensive subjects. In normal subjects intravenous (i.v.) **clonidine** lowered blood pressure, increased sedation and raised levels of plasma renin activity and growth hormone. Levels of other anterior pituitary hormones (prolactin, luteinizing hormone and follicle stimulating hormone) and of arginine vasopressin were unchanged. The effects of **clonidine** were similar after the administration of naloxone. In patients with essential hypertension **clonidine** lowered blood pressure, increased sedation and reduced plasma noradrenaline levels. There was an insignificant fall in levels of plasma renin activity. Prior administration of naloxone did not influence the effects of **clonidine**. It is concluded that the cardiovascular, sedative and neurohormonal effects of acutely administered **clonidine** are not dependent on opiate receptor activation in either normal or hypertensive man.

L93 ANSWER 97 OF 136 MEDLINE on STN
AN 84227869 MEDLINE
DN 84227869 PubMed ID: 6145339
TI Interference of **clonidine** and alpha-methyl-p-tyrosine with stress and central histaminergic stimulation of the corticosterone response in rats.
AU Bugajski J; Gadek A
SO AGENTS AND ACTIONS, (1984 Apr) 14 (3-4) 550-3.
Journal code: 0213341. ISSN: 0065-4299.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198407

ED Entered STN: 19900320
Last Updated on STN: 19980206
Entered Medline: 19840725

AB In conscious rats **clonidine** given intracerebroventricularly 1 h prior to a mild stress of immobilization intensified the stress-induced increase of pituitary-adrenocortical response, measured indirectly through corticosterone concentration in blood serum. The corticosterone response to **clonidine** was abolished by i.c.v. pretreatment of rats with yohimbine, an alpha 2-adrenergic antagonist, and was antagonized by pretreatment with phenoxybenzamine, an alpha 1-adrenergic antagonist. **Clonidine** intensified also the corticosterone response induced in stressed rats by i.c.v. injected histamine, 2-pyridylethylamine (PEA), a H1-receptor agonist, and dimaprit, a H2-receptor agonist. The depletion of brain catecholamines by alpha-methyl-p-tyrosine (alpha-MT) considerably increased the corticosterone response to stress but did not substantially change the response to histamine, PEA and dimaprit in stressed rats. These results suggest that **clonidine** increases the corticosterone secretion induced by a mild stress and histamine and histamine H1 and H2 agonists mainly through the activation of central alpha 2-adrenoceptors. The increase by alpha-MT of the stress-induced corticosterone response may indicate the inhibitory role of central catecholamines in the pituitary-adrenocortical response to stress in rats.

L93 ANSWER 98 OF 136 MEDLINE on STN
AN 84267297 MEDLINE
DN 84267297 PubMed ID: 6146698
TI The pinna reflex and its inhibition by **clonidine**: relationship to sedation and quantitation of central alpha 2-antagonist potency.
AU Handley S L
SO JOURNAL OF PHARMACY AND PHARMACOLOGY, (1984 Jul) 36 (7) 478-81.
Journal code: 0376363. ISSN: 0022-3573.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198409
ED Entered STN: 19900320
Last Updated on STN: 19950206
Entered Medline: 19840919

AB The relationship between sedation and pinna reflex inhibition has been measured for a range of centrally acting drugs. Ability to abolish the pinna reflex was not related to sedative activity as assessed by a behavioural method. Thus, at equisedative doses, diazepam, haloperidol, mianserin, prazosin and indoramin failed to abolish the pinna reflex while phenobarbitone and chlorpromazine caused partial- and **clonidine** complete-inhibition. At the ED50 for pinna reflex inhibition, **guanabenz** and **guanfacine** were significantly less sedative than **clonidine**. Mepyramine, yohimbine, RS-21361, idazoxan and phenylephrine produced little or no sedation and did not inhibit the reflex. When these agents (except for **guanabenz** and **guanfacine**) were tested for their ability to prevent **clonidine**-induced pinna reflex inhibition, all except the drugs with alpha 2-adrenoceptor antagonist activity were inactive. The potency order of the active agents was idazoxan greater than yohimbine greater than RS-21361 = mianserin. Antagonism of **clonidine**-induced pinna reflex inhibition may therefore prove to be a useful quantitative model for assessing the central potency of alpha 2-adrenoceptor

antagonists.

L93 ANSWER 99 OF 136 MEDLINE on STN
AN 84154894 MEDLINE
DN 84154894 PubMed ID: 6704473
TI Role of catecholamines in the inhibitory effect of immobilization stress on testosterone secretion in rats.
AU Collu R; Gibb W; Ducharme J R
SO BIOLOGY OF REPRODUCTION, (1984 Mar) 30 (2) 416-22.
Journal code: 0207224. ISSN: 0006-3363.
Report No.: NASA-84154894.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198405
ED Entered STN: 19900319
Last Updated on STN: 19900319
Entered Medline: 19840510
AB Immobilization stress applied for 6 h induced, in adult male rats, a rise of epinephrine (E) and norepinephrine (NE) plasma levels and a decrease of baseline plasma testosterone (T) values and of human chorionic gonadotropin (hCG)-induced T response. Treatment of the animals for 5 weeks with **guanethidine** (G), a sympathetic neuron toxic agent, significantly decreased E and NE responses to stress and partly antagonized the inhibitory effects exerted by immobilization on T biosynthesis. Adrenalectomy totally suppressed circulating E and reduced the stress-induced NE increase while partly antagonizing the inhibitory effects exerted on T biosynthesis. Combined G and adrenalectomy treatments totally suppressed plasma E and NE, and completely blocked the effects of immobilization on T levels. Treatment of the animals with the alpha 1-adrenergic blocker, prazosin, and the beta 1-adrenergic blocker, metoprolol, did not modify the effects of stress on T biosynthesis. Treatment with propranolol or with butoxamine, a nonspecific beta- and a specific beta 2-adrenergic receptor blocker, respectively, antagonized the testicular hyposensitivity to hCG induced by stress. Stress- or treatment-induced changes of plasma luteinizing hormone (LH) and hCG levels were not consistently correlated with plasma T modifications. These findings suggest that at least part of the inhibitory effects of immobilization stress on T biosynthesis is exerted by catecholamines through a beta 2-adrenergic receptor.

L93 ANSWER 100 OF 136 MEDLINE on STN
AN 85003830 MEDLINE
DN 85003830 PubMed ID: 6090162
TI **Clonidine** and yohimbine separate the sedation and the ptosis caused by cholecystokinin octapeptide and ceruletide.
AU Zetler G
SO EUROPEAN JOURNAL OF PHARMACOLOGY, (1984 Jul 13) 102 (2) 333-40.
Journal code: 1254354. ISSN: 0014-2999.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198411
ED Entered STN: 19900320
Last Updated on STN: 19900320

Entered Medline: 19841109
AB The central depressant effects of ceruletide (CER, 0.04 mg/kg s.c.) and cholecystokinin octapeptide (CCK-8, 0.25 mg/kg s.c.) were compared with those of **clonidine** (0.04 mg/kg s.c.). At doses that were nearly equipotent with respect to motor inhibition (catalepsy, reduction in ambulation and exploratory rearing), only the peptides produced ptosis. Yohimbine (1 mg/kg s.c., 30 min) antagonized the effect of **clonidine** but not of the peptides. **Clonidine** (0.07-0.2 mg/kg s.c., 30 min) antagonised the ptotic action of the peptides, and this effect was abolished by yohimbine (0.2-1 mg/kg i.p.) but resistant to haloperidol (0.05 and 0.15 mg/kg i.p.). These results separate the behavioural effects of the peptides from those of **clonidine** and also the ptotic effect of the peptides from their effect on motor activity. The antiptotic effect of **clonidine** may originate from activated adrenergic autoreceptors.

L93 ANSWER 101 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1985:345709 BIOSIS
DN PREV198580015701; BA80:15701
TI FEATURES OF THE TREATMENT OF PATIENTS WITH A COMBINATION OF PEPTIC ULCER AND ESSENTIAL HYPERTENSION.
AU SHEPTULIN A A [Reprint author]
CS DIV PROPAEDEUT INLAND DIS, FIRST MED FAC, IM SECHENOV FIRST MOSC MED INST, MOSCOW, USSR
SO Klinicheskaya Meditsina (Moscow), (1984) Vol. 62, No. 9, pp. 61-65. CODEN: KLMIAZ. ISSN: 0023-2149.
DT Article
FS BA
LA RUSSIAN
AB Patients (130), 40-60 yr-old, with a combination of gastric or duodenal ulcer and essential hypertension were observed. Recommendations were made for changing the standard antiulcer diet and for including **sedatives** and preparations that improved cerebral microcirculation and reduced the gastric mucosa trophicity. Hemiton possessed an inhibitory effect on gastric secretion and therefore may be used for the treatment of essential hypertension combined with peptic ulcer.

L93 ANSWER 102 OF 136 MEDLINE on STN
AN 84004648 MEDLINE
DN 84004648 PubMed ID: 6413228
TI Neurochemical lesion of the locus coeruleus of the rat does not suppress the sedative effect of **clonidine**.
AU Nassif S; Kempf E; Cardo B; Velley L
SO EUROPEAN JOURNAL OF PHARMACOLOGY, (1983 Jul 15) 91 (1) 69-76. Journal code: 1254354. ISSN: 0014-2999.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198311
ED Entered STN: 19900319
Last Updated on STN: 19900319
Entered Medline: 19831123
AB The locus coeruleus of male rats was destroyed bilaterally by injection of 6-hydroxydopamine. Rats injected with the vehicle and normal rats served as controls. Starting 20 days after the lesion, the locomotor activity of all rats was measured for 5 min every day. For the first 6 days, the

lesioned rats were significantly less active than control rats; from the 7th to the 15th day, on the other hand, the locomotor activity of the two groups of rats was the same. From the 16th day onwards, the sedative effect of small doses of **clonidine** (2.5-100 micrograms/kg) was measured in lesioned and control animals. In spite of an almost total loss of noradrenaline in the cerebral cortex and hippocampus and a 33% loss of noradrenaline in the brain-stem of the lesioned rats, the sedative effect of **clonidine** was the same as in the control rats. This result suggests that the sedation produced by **clonidine** is not dependent on presynaptically located alpha 2-adrenoceptors.

L93 ANSWER 103 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1983:302226 BIOSIS
DN PREV198376059718; BA76:59718
TI BLOOD PRESSURE CONTROL DURING ANESTHESIA IMPORTANCE OF THE PERIPHERAL SYMPATHETIC NERVOUS SYSTEM AND RENIN.
AU MILLER E D JR [Reprint author]; BECKMAN J J; WOODSIDE J R JR; ALTHAUS J S; PEACH M J
CS DEP OF ANESTHESIOL, UNIV OF VA MED CENT, CHARLOTTESVILLE, VA 22908, USA
SO Anesthesiology (Hagerstown), (1983) Vol. 58, No. 1, pp. 32-37.
CODEN: ANESAV. ISSN: 0003-3022.
DT Article
FS BA
LA ENGLISH
AB Newborn rats were treated with guanethidine sulfate for the first 3 wk of life in order to produce a partial permanent peripheral sympathectomy. The rats were allowed to grow to 250-300 g on a normal Na diet. Using diethyl ether anesthesia, arterial and venous cannulas were placed and the animals allowed to awaken in **restraining** cages. The rats were divided into 4 groups: awake (n [no.] = 6); halothane 1.3 vol % (n = 8); enflurane 2.2 vol % (n = 8); and ketamine 125 mg/kg, i.p. (n = 8). The protocol consisted of a 1-h control awake period, 1 h of stable anesthesia (1 group received no anesthesia), and 1/2 h i.v. infusion of saralasin, a competitive inhibitor of angiotensin II. Plasma renin activity was measured at the end of each time period. Thirty untreated normal rats were similarly divided into 4 groups and served as the control. The degree of peripheral sympathectomy was assessed through cardiac norepinephrine concentrations, plasma catecholamines and response to 50% hemorrhage. Guanethidine treatment resulted in a 78% decrease in cardiac norepinephrine from 189 .+-. 15 ng/g in the untreated animals compared with 42.4 .+-. 5 ng/g in the treated animals. The 5-fold increase seen in plasma norepinephrine to acute decapitation was completely absent in the treated animals. Hemorrhage of 50% of blood volume resulted in a 75% mortality rate in the treated animals, while there were no deaths 30 min after hemorrhage in the normal animals. Blood pressure for the 30 treated animals during the awake period was 114 .+-. 2 mmHg, which was significantly less than 124 .+-. 1 mmHg in the untreated animals ($P < 0.05$). Plasma renin activity of 1.58 .+-. 0.25 ng .cntdot. ml-1 .cntdot. h-1 in the treated group was significantly less than 2.59 .+-. 0.21 ng .cntdot. ml-1 .cntdot. h-1 in the untreated rats ($P < 0.05$). With the induction and maintenance of stable anesthesia, blood pressure decreased to 82 .+-. 2 mmHg with halothane, 92 .+-. 4 mmHg with enflurane, and 104 .+-. 4 mmHg with ketamine in the treated animals. Plasma renin activity did not increase in either treated or untreated animals. Similar degrees of blood pressure decreases were seen in untreated animals. With the infusion of saralasin, a further decrease of approximately 20 mmHg in blood pressure was seen, in both the treated and untreated rats

anesthetized with halothane. In treated rats anesthetized with enflurane or ketamine, no depressor response to saralasin was seen, which is in marked contrast to the response seen in untreated animals. The plasma renin response in the treated animals was blunted. Using this animal model, partial peripheral sympathectomy apparently does not result in deleterious effects when rats are anesthetized with halothane, enflurane or ketamine.

L93 ANSWER 104 OF 136 MEDLINE on STN
AN 83234949 MEDLINE
DN 83234949 PubMed ID: 6861983
TI [Influence of antidepressants on the hypothermic effects of alpha-methyldopa and clofelin].
Vliianie antidepressantov na gipotermicheskie effekty al'fa-metildofa i klofelina.
AU Mashkovskii M D; Andreeva N I; Golovina S M
SO FARMAKOLOGIIA I TOKSIKOLOGIIA, (1983 May-Jun) 46 (3) 13-7.
Journal code: 16920420R. ISSN: 0014-8318.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals
EM 198308
ED Entered STN: 19900319
Last Updated on STN: 19900319
Entered Medline: 19830826

L93 ANSWER 105 OF 136 MEDLINE on STN
AN 83048506 MEDLINE
DN 83048506 PubMed ID: 6890374
TI Double-blind comparison of the hypotensive, sedative and salivary flow effects of lofexidine and **clonidine** in normal subjects.
AU Dollery C T; Reid J L
SO ARZNEIMITTEL-FORSCHUNG, (1982) 32 (8a) 984-7.
Journal code: 0372660. ISSN: 0004-4172.
CY GERMANY, WEST: Germany, Federal Republic of
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 198212
ED Entered STN: 19900317
Last Updated on STN: 19980206
Entered Medline: 19821218
AB A double-blind crossover comparison was made of the hypotensive, sedative and salivary flow effects of a single 300 microgram dose of either 2-[1-[2,6-dichlorphenoxy)-ethyl]-2-imidazoline hydrochloride (lofexidine. Lofetensin and Loxacor) or **clonidine** in six normal young men. Both drugs caused a significant fall in recumbent blood pressure. Systolic and diastolic pressure was reduced from 1 to 12 h after the dose with **clonidine** and from 2 to 8 h after it with lofexidine with peak effect being observed between 2 and 4 h with both drugs. The reduction of blood pressure 2 and 4 h after the dose was greater with **clonidine** than lofexidine. Reduction in salivary flow was significant from 1 to 12 h after the dose with **clonidine** but only from 1 to 8 h with lofexidine. The minimum value of salivary flow

was 0.096 g/min after **clonidine** and 0.205 g/min after lofexidine. After **clonidine** the sedative effect was significant from 1 to 8 h after the dose and with lofexidine from 2 to 8 h after it. Peak sedation was similar with the two drugs. A 300 microgram dose of lofexidine has slightly less hypotensive effect than a 300 microgram dose of **clonidine**. The duration of the hypotensive effect was 2-3 h shorter with lofexidine than with **clonidine**. The sedative effect of both drugs was similar but lofexidine had less effect upon salivary flow.

L93 ANSWER 106 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1982:210460 HCAPLUS
DN 96:210460
TI Pharmacological study of imidazoline derivatives
AU Purvins, I.; Susters, J.; Mikazans, V.; Purvina, S.; Skutelis, A.
CS USSR
SO Deposited Doc. (1981), VINITI 1290-81, 11 pp. Avail.: VINITI
DT Report
LA Russian
AB The imidazoline derivs. clofelin (I) [4205-91-8] and isoglaucon (II) [4205-91-8] inhibited central nervous system activity, inhibiting both motor activity and coordination in mice. Instillation of 0.5% solns. of these drugs to one or both eyes in rabbits lowered the arterial pressure and slowed the heart rate. The magnitude and duration of the local anesthetic activity of the 2 drugs was compared in guinea pigs by infiltration or terminal **anesthesia**; the acute toxicity was compared in mice after i.v., i.p., or s.c. administration. Apparently, I has activities similar to those of II, except that it is less toxic than II.

L93 ANSWER 107 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1981:473557 HCAPLUS
DN 95:73557
TI Studies in the primate on the analgetic effects associated with intrathecal actions of opiates, .alpha.-adrenergic agonists and baclofen
AU Yaksh, Tony L.; Reddy, S. V. Ramana
CS Dep. Neurol. Surg., Mayo Grad. Sch. Med., Rochester, MN, 55901, USA
SO Anesthesiology (1981), 54(6), 451-67
CODEN: ANESAV; ISSN: 0003-3022
DT Journal
LA English
AB The effects of intrathecally administered opiates [morphine sulfate (I sulfate) [64-31-3] and meperidine-HCl [50-13-5]], .alpha.-adrenergic agonists (clonidine-HCl [4205-91-8] and ST-91 [4749-61-5]) and D-[69308-37-8] and L-baclofen [66514-99-6] were examd. on the shock titrn. threshold of macaque monkeys chronically prepd. with intrathecal (I) or epidural (E) catheters. Spinal opiates produced a long-lasting analgesia which was antagonized by naloxone. The order of potency was I morphine > I meperidine > E meperidine > E morphine. Clonidine and ST-91, also produced a dose-dependent, long-lasting elevation in the shock titrn. threshold, antagonized by phentolamine, but not naloxone. L-Baclofen, but not D-baclofen, resulted in a dose-dependent elevation of shock titrn. threshold, which was not antagonized by naloxone. Repeated administration at 24-h intervals over a 7-day period of morphine, clonidine or baclofen, resulted in a significant redn. in the analgetic effects of each drug. Cross tolerance between 3 classes of agents was not obsd. Intrathecal co-administration of inactive doses of ST-91 and morphine resulted in a

near maximal increase in the shock titrn. threshold, which failed to show any significant tolerance over 21 days. Intrathecal ST-91 and morphine produced no change in either muscle strength, tendon reflexes, respiratory rate, urine formation, or the ability to locomote. Baclofen, in contrast, produced a dose-dependent decrease in muscle strength. That the intrathecal drugs did not produce **anesthesia** was demonstrated by their failure to block the avoidance response to ensuing ear shock cued by a light tactile stimulus applied to the hind paw. Thus, a powerful analgesia can be produced by selectively activating adrenergic, opiate, and baclofenergic receptor systems in the spinal cord.

L93 ANSWER 108 OF 136 MEDLINE on STN
AN 82112984 MEDLINE
DN 82112984 PubMed ID: 6119977
TI alpha-Adrenoceptive influences on hippocampal theta rhythm in the rat.
AU Monmaur P; Depoortere H; M'Harzi M
SO BEHAVIORAL AND NEURAL BIOLOGY, (1981 Sep) 33 (1) 129-32.
Journal code: 7905471. ISSN: 0163-1047.
Report No.: NASA-82112984.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 198203
ED Entered STN: 19900317
Last Updated on STN: 19950206
Entered Medline: 19820322

L93 ANSWER 109 OF 136 MEDLINE on STN
AN 81212301 MEDLINE
DN 81212301 PubMed ID: 7238581
TI Rapid-eye-movement sleep deprivation inhibits **clonidine**-induced sedation in rats.
AU Mogilnicka E; Pilc A
SO EUROPEAN JOURNAL OF PHARMACOLOGY, (1981 Apr 24) 71 (1) 123-6.
Journal code: 1254354. ISSN: 0014-2999.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198108
ED Entered STN: 19900316
Last Updated on STN: 19900316
Entered Medline: 19810820
AB The effects of 24 and 48 h of rapid-eye-movement sleep deprivation (REMD) on **clonidine**-induced sedation and [3H]**clonidine** binding to cortical membranes were studied in rats. REMD did not affect the exploratory behaviour (ambulation, rearing + peeping) of normal rats. The sedative effect of **clonidine** (0.2 mg/kg s.c.) on the rearing + peeping behaviour of rats was inhibited by REMD. [3H]**Clonidine** binding in the cerebral frontal cortex remained unaffected. The results are discussed in terms of changes in the noradrenergic system.

L93 ANSWER 110 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1982:28510 HCAPLUS
DN 96:28510
TI Studies on clonidine in animal tests for antianxiety activity

AU Sepinwall, Jerry; Cook, Leonard
CS Dep. Pharmacol., Hoffmann-La Roche Inc., Nutley, NJ, 07110, USA
SO Psychopharmacology Bulletin (1981), 17(3), 24-6
CODEN: PSYBB9; ISSN: 0048-5764
DT Journal
LA English
AB The antianxiety activity of clonidine-HCl (I) [4205-91-8] was compared to that of chlordiazepoxide (II) in rat and monkey punishment conflict models. I (0.025, 0.05, and 0.1 mg/kg, orally) showed anticonflict activity in rats with low baseline levels of punished responding (<6 responses/min) but not in rats with higher punished response baseline (6-18 responses/min). In contrast, II had equiv. activity in both conditions and produced a larger peak magnitude of effect than I. In both groups of rats, I depressed unpunished responding, indicating a nonspecific **sedative** action. The .alpha.2-adrenergic antagonist yohimbine (2.5 mg/kg i.p.) antagonized the rate-depressing effect of I (0.05 mg/kg orally) upon unpunished responding. In squirrel monkeys I in contrast to II, produced little significant anticonflict activity.

L93 ANSWER 111 OF 136 MEDLINE on STN
AN 81164728 MEDLINE
DN 81164728 PubMed ID: 6111465
TI Characterization of alpha-adrenoceptors participating in the central hypotensive and sedative effects of **clonidine** using yohimbine, rauwolscine and corynanthine.
AU Timmermans P B; Schoop A M; Kwa H Y; Van Zwieten P A
SO EUROPEAN JOURNAL OF PHARMACOLOGY, (1981 Mar 5) 70 (1) 7-15.
Journal code: 1254354. ISSN: 0014-2999.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198106
ED Entered STN: 19900316
Last Updated on STN: 19950206
Entered Medline: 19810623
AB The central alpha-adrenoceptors responsible for mediating the **clonidine**-induced central hypotension in anaesthetized cats and sedation in mice have been characterized according to their sensitivities to the alpha-adrenoceptor antagonist yohimbine and its two diastereomeric congeners rauwolscine and corynanthine. Yohimbine and rauwolscine (1-10 microgram/kg) dose-dependently antagonized the central hypotensive response to **clonidine** (1 microgram/kg) applied 15 min later. Greater amounts of corynanthine (30-100 micrograms/kg) had to be administered to diminish the central depressor effect of **clonidine** . In these studies the drugs were infused via the left vertebral artery. The prolongation of the hexobarbitone-induced loss of the righting reflex in mice by **clonidine** (0.3 mg/kg, i.p.) was inhibited by previous treatment with yohimbine and rauwolscine (0.04-5 mg/kg, i.p.) in a dose-dependent manner, but not by corynanthine. Binding experiments with rat isolated cerebral membranes demonstrated the higher affinity of yohimbine and rauwolscine for the [3H] **clonidine**- than for the [3H]prazosin-specific binding sites. The reverse was found for corynanthine. The relative potencies of yohimbine, rauwolscine and corynanthine in inhibiting these central effects of **clonidine** are comparable to their order of efficacies in blocking peripheral alpha 2-adrenoceptors. Accordingly, **clonidine**-induced central

hypotension and sedation are mediated by alpha 2-adrenoceptors.

L93 ANSWER 112 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1982:152542 BIOSIS
DN PREV198273012526; BA73:12526
TI EFFECT OF CLOPHELIN ON BIO ELECTRIC ACTIVITY OF THE BRAIN.
AU ROSHCHINA L F [Reprint author]
CS LAB PHARMACOL, S ORDZHONIKIDZE ALL-UNION CHEM PHARM RES INST, MOSCOW, USSR
SO Farmakologiya i Toksikologiya (Moscow), (1980) Vol. 43, No. 3, pp. 306-310.
CODEN: FATOAO. ISSN: 0014-8318.
DT Article
FS BA
LA RUSSIAN
AB The hypotensive drug clophelin, 2-(2,6-dichlorphenylamino)-2-imidazoline hydrochloride, which is similar to clonidine, exerts a synchronous effect on EEG of cats and rabbits both i.v. and when instilled into the eye conjunctival sac. The synchronous effect of clophelin is reversed by yohimbine, decreased by phentolamine, tropaphen and piroxan, diminished by atropine and benactyzine rather than by metacin, and is blocked by amphetamine. The effect of clophelin on the central .alpha.-adrenoreceptors and certain influence on the central cholinoreactive systems play an essential role in the mechanism of its **sedative** action.

L93 ANSWER 113 OF 136 MEDLINE on STN
AN 80244914 MEDLINE
DN 80244914 PubMed ID: 7398184
TI Sedative and cardiovascular effects of **clonidine** and nitrazepam.
AU Hossmann V; Maling T J; Hamilton C A; Reid J L; Dollery C T
SO CLINICAL PHARMACOLOGY AND THERAPEUTICS, (1980 Aug) 28 (2) 167-76.
Journal code: 0372741. ISSN: 0009-9236.
CY United States
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198010
ED Entered STN: 19900315
Last Updated on STN: 19980206
Entered Medline: 19801024
AB Five healthy male subjects, aged 26 to 35 yr, received single oral doses of **clonidine** 0.3 mg, nitrazepam 20 mg, or placebo double-blind with an interval of at least 1 wk between each treatment. Clonodine induced a maximal fall in systo9lic blood pressure from 104.2 +/- 1.6 to 84.7 +/- 1.4 mm Hg (mean +/- SEM) after 3.5 hr and nitrazepam from 102.9 +/- 1.9 to 90.3 +/- 2.6 mm Hg after 1.0 hr while after placebo blood pressure rose steadily from 102.5 +/- 2.9 to 109.6 +/- 3.5 mm Hg at the end of the 8-hr study. Total sleep time increased from 90.3 +/- 2.5. min after placebo to 256.2 +/0 21.0 min after **clonidine** ($p < 0.001$) and 281.0 +/- 40.3 min after nitrazepam ($p < 0.001$). Stage I sleep increased from 49.7 +/- 11.2 to 76.9 +/- 10.2 min after **clonidine** and to 76.3 +/- 25.2 min after nitrazepam ($p < 0.0$), while the greatest increase was observed in stage II: 230.7 +/- 25.6 min after **clonidine** and 236.6 +/- 35.4 min after nitrazepam compared with only 48.5 +/- 15.8 min after placebo ($p < 0.001$). Plasma norepinephrine

did not change after placebo but fell after nitrazepam from 0.28 +/- 0.04 to 0.14 +/- 0.02 ng/ml after 3 hr ($p < 0.05$) and after **clonidine** from 0.23 +/- 0.07 to 0.07 +/- 0.02 ng/ml after 2 hr ($p < 0.01$). **Clonidine** and nitrazepam both induced similar hypnotic and hypotensive effects with some evidence that this might be due to a reduction in sympathetic tone.

L93 ANSWER 114 OF 136 MEDLINE on STN
AN 80065231 MEDLINE
DN 80065231 PubMed ID: 508539
TI Double-blind, placebo controlled, cross-over comparison of the sedative and haemodynamic effect of single doses of **clonidine** and nitrazepam [proceedings].
AU Hossmann V; Maling T; Reid J L; Dollery C T
SO BRITISH JOURNAL OF CLINICAL PHARMACOLOGY, (1979 Oct) 8 (4) 401P.
Journal code: 7503323. ISSN: 0306-5251.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198002
ED Entered STN: 19900315
Last Updated on STN: 19900315
Entered Medline: 19800215

L93 ANSWER 115 OF 136 MEDLINE on STN
AN 80043690 MEDLINE
DN 80043690 PubMed ID: 40643
TI Alpha 2-adrenoceptors mediate **clonidine**-induced sedation in the rat.
AU Drew G M; Gower A J; Marriott A S
SO BRITISH JOURNAL OF PHARMACOLOGY, (1979 Sep) 67 (1) 133-41.
Journal code: 7502536. ISSN: 0007-1188.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198001
ED Entered STN: 19900315
Last Updated on STN: 19950206
Entered Medline: 19800119

L93 ANSWER 116 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1979:208452 BIOSIS
DN PREV197968010956; BA68:10956
TI PHARMACOLOGICAL STUDY OF CHOLINERGIC VASO DILATION IN UNANESTHETIZED ANIMALS.
AU DOROKHOVA M I [Reprint author]
CS DIV PHARMACOL, IP PAVLOV FIRST MED INST, LENINGRAD, USSR
SO Fiziologicheskii Zhurnal SSSR Imeni I M Sechenova, (1978) Vol. 64, No. 7, pp. 990-998.
CODEN: FZLZAM. ISSN: 0015-329X.
DT Article
FS BA
LA RUSSIAN

AB Cholinergic vasodilatation evoked by hypothalamic stimulation in cats was elicited by stimulation of both the sensory and motor areas of the brain. **Tranquilizers** affected the cholinergic vasodilatation in different ways: reserpine decreased it Catapresan increased it, while diazepam had no effect on amplitude of the cholinergic vasodilatation. The latter seemed to be closely connected with activity of skeletal muscles but not with sensory reactions. .alpha.-Adrenergic receptors of the CNS are the activating mechanism of the central integration of cholinergic vasodilatation.

L93 ANSWER 117 OF 136 MEDLINE on STN
AN 78145381 MEDLINE
DN 78145381 PubMed ID: 638383
TI The effects of prazosin on the **clonidine** induced hypotension and bradycardia in rats and sedation in chicks [proceedings].
AU Cavero I; Roach A G
SO BRITISH JOURNAL OF PHARMACOLOGY, (1978 Mar) 62 (3) 468P-469P.
Journal code: 7502536. ISSN: 0007-1188.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197806
ED Entered STN: 19900314
Last Updated on STN: 19900314
Entered Medline: 19780617

L93 ANSWER 118 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 78317971 EMBASE
DN 1978317971
TI [The influence of medicaments on the fetal heartbeat].
INFLUENCE DES MEDICAMENTS SUR LE RYTHME CARDIAQUE FOETAL.
AU Thoulon J.M.; Seligmann G.
CS Clin. Obstet., Hop. Croix Rousse, 69317 Lyon Cedex 1, France
SO Revue Francaise de Gynecologie et d'Obstetrique, (1978) 73/4 (309-313).
CODEN: RFGOAO
CY France
DT Journal
FS 037 Drug Literature Index
010 Obstetrics and Gynecology
007 Pediatrics and Pediatric Surgery
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
LA French
SL English; German
AB The literature is poor in data concerning the influence of medicaments on the FHB, since systematic studies of the matter are recent and fetal pharmacology is in the embryonic stage. Studies must be done on all types of new medication. On the whole, parasympatholytic drugs and/or sedatives cause an increase in the FHB and a flattening of the oscillations. Beta stimulants increase the FHB and increase the oscillations. Beta inhibitors may produce a bradycardia and a loss of oscillations. During labor and pregnancy, before interpreting anomalies, one must consider the therapeutic interventions and realise the atropines in general can alter, mask or **do** away with slow-downs indicating a problem.

L93 ANSWER 119 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1979:137423 BIOSIS
DN PREV197967017423; BA67:17423
TI ANTI HYPERTENSIVE EFFECT OF N AMIDINO-2-2 6-DICHLOROPHENYL ACETAMIDE HYDRO CHLORIDE A DOUBLE-BLIND CROSSOVER TRIAL VS CLONIDINE.
AU KIRCH W [Reprint author]; DISTLER A
CS I MED KLIN POLIKLIN, JOHANNES-GUTENBERG-UNIV, LANGENBECKSTR 1, D-6500 MAINZ, W GER
SO International Journal of Clinical Pharmacology and Biopharmacy, (1978) Vol. 16, No. 3, pp. 132-135.
DT Article
FS BA
LA ENGLISH
AB Patients (16) with essential hypertension were treated with N-amidino-2-(2,6-dichlorophenyl) acetamide hydrochloride (BS 100-141) and clonidine for 5 wk each in a double-blind cross-over trial. Dosage ranged from 2-6 mg BS 100-141 and from 0.3-0.9 mg clonidine daily in 2 or 3 divided doses. Both compounds caused a significant and comparable fall in blood pressure. Patients whose blood pressure was not reduced to normal levels by 2-3 mg BS 100-141 daily did not respond better to an increase in the dose. Dry mouth and constipation occurred about equally frequently with both agents, but **sedation** and orthostatic circulatory effects were considerably more frequent with clonidine. Rebound hypertension likewise occurred in 5 patients following clonidine withdrawal as opposed to no patient after BS 100-141.

L93 ANSWER 120 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1978:417020 HCAPLUS
DN 89:17020
TI The effects of antihypertensive medication on the control of the cardiovascular system during halothane **anesthesia** in rats
AU Kaukinen, S.; Ylitalo, P.
CS Dep. Biomed. Sci., Univ. Tampere, Tampere, Finland
SO Acta Anaesthesiologica Scandinavica (1978), 22(1), 64-75
CODEN: AANEAB; ISSN: 0001-5172
DT Journal
LA English
AB The effects of hydralazine chloride [40671-54-3], clonidine chloride [4205-91-8], propranolol chloride [318-98-9], and methyldopa [555-30-6] medication on the control of the circulatory system during halothane [151-67-7] **anesthesia** were studied in spontaneously hypertensive (SH) rats. Under 1 and 3% halothane **anesthesia**, the mean arterial pressure was lowest in methyldopa-treated rats. During 3% **anesthesia**, plasma renin activity was markedly increased in the methyldopa group and decreased in the propranolol group. Hydralazine medication suppressed the pressor responses to dopamine and metaraminol, whereas clonidine, propranolol and methyldopa increased the response to dopamine. These sympathetic agents induced more cardiac arrhythmias in SH controls than in normotensive ones. These arrhythmias were antagonized by hydralazine. The SH controls also tolerated hemorrhagic shock more poorly than did normotensive control rats. Among the pretreated animals, tolerance to this shock was highest in hydralazine- and clonidine-treated animals and lowest in the methyldopa group. During halothane **anesthesia**, SH rats appear to be more prone to disturbances in the control of circulation than are normotensive controls. Hydralazine and, to a lesser extent, clonidine have a protective action against these disturbances, but the effect of methyldopa seems to be disadvantageous.

L93 ANSWER 121 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1980:69539 HCAPLUS
DN 92:69539
TI Effect of the antiglaucoma drugs clofelin and isoglaucon on the central nervous system
AU Purvins, I.; Mikazans, V.; Purvina, S.; Dambite, G.
CS Riga, USSR
SO Farmakol. Neirotropnykh Sredstv (1978), 57-60. Editor(s): Melzobs, M. Ya. Publisher: Rizhskii Med. Inst., Riga, USSR.
CODEN: 42DKAB
DT Conference
LA Russian
AB At 1 mg/kg, i.p., clofelin (I) [4205-91-8] and isoglaucon (II) [4205-91-8] had a **tranquilizing** effect in mice, whereas at higher doses (10-100 mg/kg) both I and II enhanced motor activity and aggressiveness.

L93 ANSWER 122 OF 136 MEDLINE on STN
AN 78061379 MEDLINE
DN 78061379 PubMed ID: 201327
TI Pharmacological characterization of alpha-adrenoceptors which mediate **clonidine**-induced sedation [proceedings].
AU Drew G M; Gower A J; Marriott A S
SO BRITISH JOURNAL OF PHARMACOLOGY, (1977 Nov) 61 (3) 468P.
Journal code: 7502536. ISSN: 0007-1188.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197802
ED Entered STN: 19900314
Last Updated on STN: 19900314
Entered Medline: 19780218

L93 ANSWER 123 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1978:179593 BIOSIS
DN PREV197865066593; BA65:66593
TI PHARMACO KINETIC AND CONCENTRATION EFFECT RELATIONSHIPS OF CLONIDINE IN ESSENTIAL HYPERTENSION.
AU WING L M H [Reprint author]; REID J L; DAVIES D S; NEILL E A M; TIPPETT P; DOLLERY C T
CS DEP CLIN PHARMACOL, R POSTGRAD MED SCH, DU CANE RD, LONDON W12 OHS, ENGL, UK
SO European Journal of Clinical Pharmacology, (1977) Vol. 12, No. 6, pp. 463-469.
CODEN: EJCPAS. ISSN: 0031-6970.
DT Article
FS BA
LA ENGLISH
AB The effect of oral doses of 300 .mu.g of clonidine hydrochloride on blood pressure, **sedation** and saliva production in 5 essential hypertensives were qualitatively similar to the effects in normotensive subjects. Peak plasma clonidine concentration (1.34 .+-. 0.28 ng/ml) and plasma half-life (10.0 .+-. 0.8 h) were similar to normotensives. During chronic oral dosing there was no evidence of drug accumulation. Some tolerance to the **sedative** and salivary flow effects occurred but

no tolerance to the hypotensive effect was observed. There was a linear relationship between reduction in saliva flow and plasma levels of clonidine. The hypotensive effect was also related to plasma level at low concentrations. At plasma levels > 1.5 ng/ml the hypotensive effect was diminished. This loss of effect at high plasma concentration may be related to the peripheral, post-synaptic .alpha.-adrenoceptor agonist action of the drug.

L93 ANSWER 124 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1977:183258 HCAPLUS
DN 86:183258
TI The effect of clonidine on gastric acid secretion in rats and dogs
AU Jennewein, H. M.
CS Pharmaforsch. Biol., C. H. Boehringer Sohn, Ingelheim, Fed. Rep. Ger.
SO Naunyn-Schmiedeberg's Archives of Pharmacology (1977), 297(1), 85-90
CODEN: NSAPCC; ISSN: 0028-1298
DT Journal
LA English
AB The effect of clonidine-HCl (I) [4205-91-8] on gastric acid secretion was investigated using rats and dogs. In the stomach lumen perfused rat basal gastric acid secretion was increased by I in the anesthetized rat but inhibited in the conscious animal. I also reduced the basal gastric acid secretion in rats with chronic gastric fistula, (ED50 12 .mu.g/kg orally). In addn., gastric secretion stimulated by insulin hypoglycemia was inhibited by I in anesthetized stomach lumen perfused rats and in conscious dogs with gastric fistula. In the rat gastric secretion stimulated by elec. vagus stimulation was inhibited as well. However, I had no effect on the gastric acid secretion stimulated by carbachol in stomach lumen perfused rats and in dogs with denervated fundic pouch. Thus, the inhibition of gastric acid secretion by I probably is due to an inhibition of acetylcholine release at the vagus nerve endings.

L93 ANSWER 125 OF 136 MEDLINE on STN
AN 76271661 MEDLINE
DN 76271661 PubMed ID: 8853
TI [Comparison of the sedative effects of 2 alpha-sympathomimetic antihypertensive agents: **clonidine** and tiamenidine].
Comparaison des effets sedatifs de deux alpha-sympathomimetiques antihypertenseurs: la **clonidine** et la tiamenidine.
AU Simon P; Chermat R; Boissier J R
SO THERAPIE, (1975 Nov-Dec) 30 (6) 855-61.
Journal code: 0420544. ISSN: 0040-5957.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
LA French
FS Priority Journals
EM 197611
ED Entered STN: 19900313
Last Updated on STN: 19950206
Entered Medline: 19761101

L93 ANSWER 126 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1975:508149 HCAPLUS
DN 83:108149
TI Relation between activity and structure in derivatives of clonidine
AU Hoefke, W.; Kobinger, W.; Walland, A.
CS Pharmacol. Dep., Ernst Boehringer Inst. Arzneimittelforsch., Vienna,

Austria
SO Arzneimittel-Forschung (1975), 25(5), 786-93
CODEN: ARZNAD; ISSN: 0004-4172
DT Journal
LA English
AB All of the derivs. of clonidine-HCl (I) [4205-91-8] increased blood pressure in spinal rats and initially increased blood pressure and the total peripheral resistance in cats and dogs. Since these compds. also caused mydriasis in conscious rats, these effects of clonidine derivs. appeared to be due to stimulation of peripheral .alpha.-adrenergic receptors. All of these compds. tested except St-91 (2-(2,6-diethylphenylamino-2-imidazoline) [4749-61-5] decreased the heart rate in vagotomized atropine-treated rats and lowered blood pressure, heart rate, and cardiac output in cats and dogs. These effects appeared to be due to a decrease in sympathetic activity of the central nervous system. St 91 did cause a fall in blood pressure and a decrease in heart rate after intracisternal injection, indicating that this compd. penetrates the blood-brain barrier poorly. All the substances tested increased blood glucose levels, decreased secretion of gastric acid, and had a **sedative** action. Thus, clonidine and its derivs. have the same reaction pattern. In addn., the relationship between the central nervous system mediated cardiovascular depression and the peripheral .alpha.-adrenergic stimulating potency was discussed in relation to the lipid soly. of the drugs.

L93 ANSWER 127 OF 136 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 74189604 EMBASE
DN 1974189604
TI Behavioral changes and aggressivity evoked by drugs in mice.
AU Krsiak M.
CS Inst. Pharmacol., Czech. Acad. Scis, Prague, Czechoslovakia
SO RES.COMMUN.CHEM.PATH.PHARMACOL., (1974) 7/2 (237-257).
CODEN: RCDCBL
DT Journal
FS 037 Drug Literature Index
030 Pharmacology
032 Psychiatry
LA English
AB Many compounds from any of the listed classes of neuropsychotropic drugs (sedatives and tranquillizers, antidepressants, psychostimulants, hallucinogens, drugs affecting neurohormones, hormones and some other drugs) were found to increase aggressive behavior in aggressive mice when they were confronted with aversive stimulation. Whether drugs can evoke aggressive behavior in mice which usually **do** not respond aggressively to aversive stimulation has been studied less. Yet, it seems that ethyl alcohol and barbital might produce this effect. It is not known whether the drug stimulated aggressiveness would manifest itself without aversive aggressogenic stimulation (e.g. by seeking a 'victim' to execute an aggressive action). Drugs stimulate natural aggressive behavior in mice when the initial level of aggressiveness is not too high and when they are given in comparatively low doses. There has usually been a satisfactory agreement between the aggression facilitating effects of drugs in mice and those in other species including man. Further research should pay more attention to the effects of drugs on nonaggressive activities that occur together with the aggressive ones, to the effects produced by drugged partners, to the effects of drugs on non aggressive types of animals in

aggression evoking situations, and to experimental models where aggressive behavior might occur without aversive stimulation.

L93 ANSWER 128 OF 136 MEDLINE on STN
AN 74036249 MEDLINE
DN 74036249 PubMed ID: 4755629
TI [Therapy of dissecting aortic aneurysm].
Zur Therapie des dissezierenden Aortenaneurysmas.
AU Althaus U; Schupbach P; Franz K
SO SCHWEIZERISCHE MEDIZINISCHE WOCHENSCHRIFT. JOURNAL SUISSE DE MEDECINE, (1973 Sep 1) 103 (35) 1224-8.
Journal code: 0404401. ISSN: 0036-7672.
Report No.: NASA-74036249.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals; Space Life Sciences
EM 197401
ED Entered STN: 19900310
Last Updated on STN: 19900310
Entered Medline: 19740119

L93 ANSWER 129 OF 136 MEDLINE on STN
AN 73257864 MEDLINE
DN 73257864 PubMed ID: 4147334
TI A further attempt to characterize sedative receptors activated by **clonidine** in chickens and mice.
AU Delbarre B; Schmitt H
SO EUROPEAN JOURNAL OF PHARMACOLOGY, (1973 Jun) 22 (3) 355-9.
Journal code: 1254354. ISSN: 0014-2999.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197311
ED Entered STN: 19900310
Last Updated on STN: 19950206
Entered Medline: 19731116

L93 ANSWER 130 OF 136 MEDLINE on STN
AN 73096885 MEDLINE
DN 73096885 PubMed ID: 4652013
TI [The effect of central neurotropic drugs on the development of reflex gastric dystrophy].
Vliianie tsentral'nykh neistropnykh sredtstv na razvitie reflektornoi distrofii zheludka.
AU Moreva E V; Zabrodin O N; Shalupnia A S; Repetun I N
SO FARMAKOLOGIIA I TOKSIKOLOGIIA, (1972 Sep-Oct) 35 (5) 603-5.
Journal code: 16920420R. ISSN: 0014-8318.
Report No.: NASA-73096885.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals; Space Life Sciences
EM 197304
ED Entered STN: 19900310
Last Updated on STN: 19900310

Entered Medline: 19730405

L93 ANSWER 131 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1971:139298 HCAPLUS
DN 74:139298
TI **Sedative** effects of .alpha.-sympathomimetic drugs and their antagonism by adrenergic and cholinergic blocking drugs
AU Delbarre, Bernard; Schmitt, Henri
CS Lab. Neurophysiol., Fac. Sci., Poitiers, Fr.
SO European Journal of Pharmacology (1971), 13(3), 356-63
CODEN: EJPHAZ; ISSN: 0014-2999
DT Journal
LA English
AB Clonidine, 2-(2,6-dimethylphenylamino)-2-.DELTA.2-oxazolidine, tetryzolin, naphazoline, tramazoline (I), xylazine and oxymetazoline induced loss of the righting reflex in chickens and prolonged chloral-induced sleeping time in mice. These effects were dose-dependent and most potent for the first 2 .alpha.-sympathomimetic agents. Actions of these drugs in both chickens and mice were antagonized by preliminary treatment with tolazoline, phentolamine, piperoxan, or dibenamine, but not by phenoxybenzamine. **Sedative** effects of the .alpha.-sympathomimetics in chickens were also antagonized by chlorpromazine and imipramine. Haloperidol was antagonized only by naphazoline and tetryzolin. Atropine and mecamylamine were strong antagonists in mice but not in chickens. Activation of .alpha.-adrenergic receptors in the brain seems to induce **sedation**, and cholinergic pathways may be involved in this effect in mice.

L93 ANSWER 132 OF 136 MEDLINE on STN
AN 72255314 MEDLINE
DN 72255314 PubMed ID: 4340561
TI The effect of vasoactive agents on stress-induced gastric hemorrhage in the rat.
AU Brodie D A; Hooke K F
SO DIGESTION, (1971) 4 (4) 193-204.
Journal code: 0150472. ISSN: 0012-2823.
Report No.: NASA-72255314.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Space Life Sciences
EM 197210
ED Entered STN: 19900310
Last Updated on STN: 19900310
Entered Medline: 19721003

L93 ANSWER 133 OF 136 MEDLINE on STN
AN 69102977 MEDLINE
DN 69102977 PubMed ID: 5707726
TI [On the hypothermic effect of some pharmacological agents].
O gipotermicheskom deistvii nekotorykh farmakologicheskikh sredstv.
AU Uriupov O Iu
SO FARMAKOLOGIIA I TOKSIKOLOGIIA, (1968 Sep-Oct) 31 (5) 568-71.
Journal code: 16920420R. ISSN: 0014-8318.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian

FS Priority Journals
EM 196903
ED Entered STN: 19900101
Last Updated on STN: 19980206
Entered Medline: 19690319

L93 ANSWER 134 OF 136 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1970:55753 BIOSIS
DN PREV197006055753; BR06:55753
TI SOME CENTRAL EFFECTS OF ST-155 CATAPRES AND RELATED IMIDAZOLINES IN THE RAT.
AU MALING H M; CHO A; WILLIAMS M A
SO Pharmacologist, (1968) Vol. 10, No. 2, pp. 157.
CODEN: PHMCAA. ISSN: 0031-7004.
DT Article
FS BR
LA Unavailable

L93 ANSWER 135 OF 136 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1967:1421 HCAPLUS
DN 66:1421
TI Results of toxicologic and teratologic animal trials with 2-(2,6-dichlorophenylamino)-2-imidazoline hydrochloride
AU Von Delbrueck, Orla
CS C. H. Boehringer Sohn, Ingelheim Rhein, Germany
SO Arzneimittel-Forschung (1966), 16(8), 1053-5
CODEN: ARZNAD; ISSN: 0004-4172
DT Journal
LA German
AB 2-(2,-6-Dichlorophenylamino)-2-imidazoline-HCl (catapresan, I) (25, 100, 250, or 1000 .gamma./kg./day) given orally to rats for 13 to 78 weeks induced a hyperactive phase lasting 10-20 min. followed by a **sedation** phase, and finally by a very aggressive period. I caused a dose-dependent wt. decrease and diuretic effect. Blood urea, total protein, serum glutamate-pyruvate transaminase and serum electrolytes were not changed. Subcutaneous injections of 0.03, 0.3, or 3.0 mg. I/kg./day given to dogs up to 52 weeks induced considerable vomiting, and 15-20 min. after administration the animals were in a light sleep. In dogs, I did not alter wt. or food requirements and produced no pathol. changes in the electrocardiogram, serum levels of protein, albumin-to-globulin ratio, bilirubin, alk. phosphatase, Na+, Ca2+, or Cl-; it did reduce fasting blood sugar and erythrocyte count and increased serum glutamate-pyruvate transaminase. Oral administration of I to pregnant rats and mice (1-14 days of pregnancy at 500 .gamma. or 2 mg./kg./day) was not toxic to the mother nor did it induce malformations in the fetuses; at the higher dose it decreased the conception rate and increased resorptions.

L93 ANSWER 136 OF 136 MEDLINE on STN
AN 67160172 MEDLINE
DN 67160172 PubMed ID: 5876377
TI [Experimental gastric ulcers induced by combined immobilization and electric stimulation of rats and their drug therapy].
Eksperimental'nye iazvy zheludka, vyzvannye sochetannoi immobilizatsiei e elektrizatsiei krys, i ikh farmakoterapiia.
AU Zabrodin O N
SO FARMAKOLOGIIA I TOKSIKOLOGIIA, (1965 Nov-Dec) 28 (6) 717-9.
Journal code: 16920420R. ISSN: 0014-8318.

Report No.: NASA-67160172.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals; Space Life Sciences
EM 196707
ED Entered STN: 19900101
Last Updated on STN: 19900101
Entered Medline: 19670720